

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L75459

1. Entity Name
THE DUNCAN-HAMMOND COMPANY



Principal Place of Business
PO BOX 7305
WINTER HAVEN, FL 33883-7305

Mailing Address
PO BOX 7305
WINTER HAVEN, FL 33883-7305



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3008393

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUNCAN, MAX P.
THE DUNCAN-HAMMOND COMPANY
136 PATTERSON DRIVE
AUBURNDAL, FL 33823

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000067248
02/26/04-80050-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	CDE
NAME	DUNCAN, MAX P.
STREET ADDRESS	136 PATTERSON DR.
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	PD
NAME	HAMMOND, JAMES S.
STREET ADDRESS	1035 MEDINAH DR
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	SD
NAME	DUNCAN, SANDRA K.
STREET ADDRESS	136 PATTERSON DR.
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	TD
NAME	HAMMOND, DARLA K.
STREET ADDRESS	1035 MEDINAH DR
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James S. Hammond / President 02-24-04 863-294-6670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #