

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27333

(4)

1. Corporation Name

HAMER HOLDINGS CORPORATION

Principal Place of Business

**1500 NORTH DALE MABRY HIGHWAY
TAMPA FL 33607**

Mailing Address

**1500 NORTH DALE MABRY HIGHWAY
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/15/1989

3a. Date of Last Report

05/01/1994

4. FBI Number

13-3429713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	TOKARZ, MICHAEL T.
STREET ADDRESS	9 W. 57TH ST, STE 4250
CITY-ST-ZIP	NEW YORK NY
TITLE	VD
NAME	GOLKIN, PERRY
STREET ADDRESS	9 W. 57TH ST, STE 4250
CITY-ST-ZIP	NEW YORK NY
TITLE	VTS
NAME	KURUCZ, DONALD M.
STREET ADDRESS	1500 N. DALE MABRY HWY
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	MATLOCK, K. J.
STREET ADDRESS	1500 N. DALE MABRY HWY
CITY-ST-ZIP	TAMPA FL
TITLE	VAS
NAME	WELDON, WILLIAM H.
STREET ADDRESS	1500 N. DALE MABRY HWY
CITY-ST-ZIP	TAMPA FL
TITLE	AT
NAME	KETCHAM, T.G.
STREET ADDRESS	1500 N. DALE MABRY HIGHWAY
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Robert G. Durham	
1.3 STREET ADDRESS	1500 N. Dale Mabry Hwy	
1.4 CITY-ST-ZIP	Tampa FL 33607	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	William H. Weldon	
2.3 STREET ADDRESS	1500 N. Dale Mabry Hwy	
2.4 CITY-ST-ZIP	Tampa FL 33607	
3.1 TITLE	VT AS	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	☒ Change ☐ Addition
5.2 NAME	Mary C. Snow	
5.3 STREET ADDRESS	1500 N. Dale Mabry Hwy	
5.4 CITY-ST-ZIP	Tampa FL 33607	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed) or in Block 14 with an address.

SIGNATURE: By *[Signature]* **Asst. Treasurer**

April 14, 1995 (813) 871-4596

SIGNATURE AND TYPE OF TITLE OF EACH OFFICER OR DIRECTOR

Date

Daytime Phone #