

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
12/15/1989

3a. Date of Last Report  
05/01/1995

4. FEI Number

13-3429713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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 type: printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	DURHAM, ROBERT G	1500 N. DALE MABRY HWY.	TAMPA FL	<input type="checkbox"/>
VD	WELDON, WILLIAM H	1500 N. DALE MABRY HWY.	TAMPA FL	<input type="checkbox"/>
VTAS	KURUCZ, DONALD M.	1500 N. DALE MABRY HWY	TAMPA FL	<input type="checkbox"/>
V	MATLOCK, K. J.	1500 N. DALE MABRY HWY	TAMPA FL	<input checked="" type="checkbox"/>
S	SNOW, MARY C	1500 N. DALE MABRY HWY.	TAMPA FL	<input type="checkbox"/>
AT	KETCHAM, T.G.	1500 N. DALE MABRY HIGHWAY	TAMPA FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1	1	1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	2	2	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	3	3	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	4	4	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	5	5	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	6	6	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	7	7	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	8	8	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	9	9	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	10	10	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	11	11	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	12	12	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	13	13	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	14	14	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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99	99	99	99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	100	100	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 of this report.

SIGNATURE: By/ Cynthia B. Eisch Asst. Treasurer

2/1/96

(813) 871- 4273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)