

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P 93000000770

1. Corporation Name

HAMMOND & JOHNSON ROOFING INC.

Principal Place of Business

5145 DREW STREET  
BROOKSVILLE FL 34609

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
1-6-93

3a. Date of Last Report

4. FEI Number

59-3163293

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name JAMES WERNICKE

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

5145 DREW ST.

83 BROOKSVILLE FL 34609

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 JAMES WERNICKE  
Signature, typed or printed name of registered agent and his/her applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME JOHNSON ROBERT  
STREET ADDRESS 5145 Drew St.  
CITY-ST-ZIP Brooksville Fl. 34609

TITLE VP  
NAME JOHNSON CARL  
STREET ADDRESS 5145 Drew St.  
CITY-ST-ZIP Brooksville Fl 34609

TITLE S/T  
NAME WERNICKE NANNIE P.  
STREET ADDRESS 5145 Drew St.  
CITY-ST-ZIP Brooksville Fl. 34609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE  
42 NAME #  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

000001735580  
-03/07/96--01058--002  
\*\*\*208.75

SIGNATURE:

Nannie P. Wernicke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
NANNIE P. WERNICKE

P.R. 2/29/96

352-799-0228

Date

Daytime Phone #

SC 3-7-96