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PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P93000000770 (6)

1. Corporation Name

HAMMOND AND JOHNSON A-1 ROOFING, INC.

Principal Place of Business	Mailing Address
5145 DREW ST BROOKSVILLE L3 4609	5145 DREW ST BROOKSVILLE L3 4609

3. Date Incorporated or Qualified **01/06/1993**	**3a.** Date of Last Report **03/07/1996**	

2. Principal Place of Business **21** 15250 BLAIR AVE	**2a.** Mailing Address **26** 15250 BLAIR AVE	**4.** FEI Number **59-3163293** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt #, etc. **27**	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State **23** BROOKSVILLE FL	City & State **28** BROOKSVILLE FL	**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip **24** 34609 Country **25**	Zip **29** 34609 Country **30**	**8.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
WERNICKE, JAMES ~~5145 DREW STREET~~ 15250 BLAIR AVE BROOKSVILLE FL 34609	**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 reinstating)   DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **JOHNSON, ROBERT**		1.2 NAME	
STREET ADDRESS **5145 DREW ST**		1.3 STREET ADDRESS	
CITY-ST-ZIP **BROOKSVILLE FL 34609**		1.4 CITY-ST-ZIP	
TITLE **V** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **JOHNSON, CARL**		2.2 NAME	
STREET ADDRESS **5145 DREW ST**		2.3 STREET ADDRESS	
CITY-ST-ZIP **BROOKSVILLE FL 34609**		2.4 CITY-ST-ZIP	
TITLE **ST** ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **WERNICKE, NANNIE P**		3.2 NAME	
STREET ADDRESS **5145 DREW ST**		3.3 STREET ADDRESS	
CITY-ST-ZIP **BROOKSVILLE FL**		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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 on an attachment with an address.

SIGNATURE: _____ April 24, 1997 _____