

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000003332

1. Entity Name
HAMM'S TIRE CENTER, INC.



Principal Place of Business
3202 N. PALAFOX ST.
PENSACOLA, FL 32501

Mailing Address
3202 N. PALAFOX ST.
PENSACOLA, FL 32501



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3156743

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMM, JAMES L.
1284 BET RAINES RD.
CANTONMENT, FL 32533

**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

James L. Hamm
Signature, typed or printed name of registered agent and title if applicable.

JAMES L. HAMM
(NOTE: Registered Agent signature required when reinstating)

4/29/04
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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HAMM, JAMES L.
STREET ADDRESS 1284 BET RAINES RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE DST
NAME HAMM, MILDRED E
STREET ADDRESS 1284 BET RAINES RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE DV
NAME HAMM, ILENCE J
STREET ADDRESS 1284 BET RAINES RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE V
NAME BRATCHER, SHELLEY T.
STREET ADDRESS 1282 BET RAINES RD
CITY-ST-ZIP CANTONMENT, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000150698
05/04/04-80016-004 150.00

**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)(f), 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 L. Hamm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. HAMM

4/29/04
Date

850-434-9940
Daytime Phone #