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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:07

DOCUMENT # **P93000051292 (9)**

1. Corporation Name
A AND T HAMS, INC.

Principal Place of Business: **UNIVERSITY PARK PLAZA 617-205 SABAL LAKE DR. WINTER PARK FL 32792 LONGWOOD, FL. 32779**
Mailing Address: **UNIVERSITY PARK PLAZA 222 UNIVERSITY PARK DR. WINTER PARK FL 32792 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/22/1993** 3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business: **617-205 SABAL LAKE DR.** 26. Mailing Address: **617-205 SABAL LAKE DR.**

4. FEI Number: **59-3192712** Applied For: Not Applicable:

22. City & State: **LONGWOOD, FL.** 27. City & State: **LONGWOOD, FL.**

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

23. City & State: **LONGWOOD, FL.** 28. City & State: **LONGWOOD, FL.**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32779** 25. Country: **SEMINOLE** 29. Zip: **32779** 30. Country: **SEMINOLE**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **DUDLEY, JERRY L. 617-205 SABAL LAKE DR. LONGWOOD FL 32779**

10. Name and Address of New Registered Agent:
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

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: _____ (Print Name of Registered Agent) _____ (Print Name of Corporation) _____ (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DUDLEY, JERRY L.	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DUDLEY, JERRY L.	617-205 SABAL LAKE DR.	2. NAME: _____	
STREET ADDRESS: 617-205 SABAL LAKE DR.	LONGWOOD FL 32779	3. STREET ADDRESS: _____	
CITY, ST, ZIP: _____		4. CITY, ST, ZIP: _____	
TITLE: D	DUDLEY, JO D	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DUDLEY, JO D	617-205 SABAL LAKE DR.	6. NAME: _____	
STREET ADDRESS: 617-205 SABAL LAKE DR.	LONGWOOD FL 32779	7. STREET ADDRESS: _____	
CITY, ST, ZIP: _____		8. CITY, ST, ZIP: _____	
TITLE: _____		9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		10. NAME: _____	
STREET ADDRESS: _____		11. STREET ADDRESS: _____	
CITY, ST, ZIP: _____		12. CITY, ST, ZIP: _____	
TITLE: _____		13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		14. NAME: _____	
STREET ADDRESS: _____		15. STREET ADDRESS: _____	
CITY, ST, ZIP: _____		16. CITY, ST, ZIP: _____	
TITLE: _____		17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		18. NAME: _____	
STREET ADDRESS: _____		19. STREET ADDRESS: _____	
CITY, ST, ZIP: _____		20. 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)(b), Florida Statutes. I further certify that the information included 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 on Block 1, 2 or Block 14 of this report, or on an attachment with an address.

SIGNATURE: *Jerry L. Dudley* **JERRY L. DUDLEY** 3-25-95 407 869-5755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR