

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 # P94000004240 (5)

1. Corporation Name

H A & M, INC.



Principal Place of Business

24641 U.S. 19 N
SUITE 430
CLEARWATER FL 34623
US

Mailing Address

1821 SOUTH HILL ST.
#550
OCEANSIDE CA 92054
US

3. Date Incorporated or Qualified
01/10/1994

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1821 S. Coast Highway
Suite, Apt. #, etc.

22 City & State

27 City & State
28 Oceanside, CA

23 Zip Country

29 Zip Country

24

25

29 92054

30

4. FEI Number
59-3228436

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASLER, DANA
24641 US 19 N
SUITE 430
CLEARWATER FL 34623

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PD HASLER, DANA
STREET ADDRESS
24641 US 19 N SUITE 430
CITY-ST-ZIP
CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VD ANGELUS, DOTTIE M
STREET ADDRESS
24641 US 19 N SUITE 430
CITY-ST-ZIP
CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
SD ANGELUS, GARY E
STREET ADDRESS
24641 US 19 N SUITE 430
CITY-ST-ZIP
CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TD ECKHOUSE, LOUISE
STREET ADDRESS
24641 US19 N SUITE 430
CITY-ST-ZIP
CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D MOELLER, PETER
STREET ADDRESS
1305 HILL ST.
CITY-ST-ZIP
NEW SMYRNA BEACH FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Laura Moeller Laura Moeller

2/27/96

Date

Daytime Phone #

CR2E034 (12/95)