

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000038747 (9)**

1. Corporation Name

**HAMMOND AVIONICS, INC.**

Principal Place of Business

2121 W OAKLAND PARK BLVD #190  
FT LAUDERDALE FL 33304

Mailing Address

2121 W OAKLAND PARK BLVD #190  
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

4. FEI Number

65-0492259

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. 190.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21 7501 PEMBROKE RD.

2a. Mailing Address

26 7501 PEMBROKE RD.

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

HOLLYWOOD, FLORIDA

28 City & State

HOLLYWOOD, FLORIDA

24 Zip

33023

25 Country

U.S.A.

29 Zip

33023

30 Country

U.S.A.

9. Name and Address of Current Registered Agent

HAMMOND, TERRY L  
2058 NW 43 TERR. #6  
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name

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

106 LAKE EMERALD DRIVE #301

83

84 City

OAKLAND PARK

85 Zip Code

FL 33309

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 of applicant

NOTE: Registered Agent signatures required when constituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

PRESIDENT  
TERRY L. HAMMOND  
106 LAKE EMERALD DR. #301  
OAKLAND PARK, FL 33309

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP

Change  Addition

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 110.07(3)(a), 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:

*Terry L. Hammond*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
TERRY L. HAMMOND, PRESIDENT

4-24-95 (305) 986 2401  
Date System Phone #