

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000006983 (7)**

1. Corporation Name

HAMMONTON RD CORPORATION

Principal Place of Business

Mailing Address

**1648 MAIN STREET
SARASOTA FL 34236**

**1648 MAIN STREET
SARASOTA FL 34236**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JANSEN, SHARI S
1648 MAIN STREET
SARASOTA FL 34236**

3. Date Incorporated or Qualified

3a. Date of Last Report

01/23/1995

4. FEI Number

22-3336268

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

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**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes

☐

Yes

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No

10. Name and Address of New Registered Agent

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 the Corporation)

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

DELAURENTIS, LYNN P

STREET ADDRESS

124 OLD WHITEHORSE PIKE

CITY - ST - ZIP

WATERFORD WORKS NJ 08089

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

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CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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53 STREET ADDRESS

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63 STREET ADDRESS

64 CITY - ST - ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY - ST - ZIP

81 TITLE

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83 STREET ADDRESS

84 CITY - ST - ZIP

91 TITLE

92 NAME

93 STREET ADDRESS

94 CITY - ST - ZIP

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Addition

SIGNATURE:

Lynn P. DeLaurentis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

918 8586

CR2E034 (3/96)