

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000055801 (0)

1. Corporation Name

LAURIE J. HAMMERS, P.A.



Principal Place of Business

214 CORDOVA BLVD. NE  
ST. PETERSBURG FL 33704

Mailing Address

214 CORDOVA BLVD. NE  
ST. PETERSBURG FL 33704-3014

3. Date Incorporated or Qualified

06/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 13560-49<sup>th</sup> St N.

Suite, Apt. #, etc.

22 Suite 1-A

City & State

23 Clearwater Florida

Zip

24 34622

Country

25 Pinellas

2a. Mailing Address

26 13560-49<sup>th</sup> St N

Suite, Apt. #, etc.

27 Suite 1-A

City & State

28 Clearwater FL

Zip

29 34622

Country

30 Pinellas

4. FEI Number

593387160

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

HAMMERS, LAURIE J  
214 CORDOVA BLVD. NE  
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

61 Name

LAURIE HAMMERS

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

13560-49<sup>th</sup> St N

63 Suite, Apt. #, etc.

Suite 1-A

64 City

Clearwater

FL

65 Zip Code

34622

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: Laurie J. Hammers

(NOTE: Registered Agent signature required when reinstating)

2-17-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HAMMERS, LAURIE J  
STREET ADDRESS 214 CORDOVA BLVD. NE  
CITY-ST-ZIP ST. PETERSBURG FL 33704

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Laurie J. Hammers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-17-97

813-573-2787

Daytime Phone #

CR2E034 (9/96)