

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000024313 (3)

1. Corporation Name

HAMMONS CONSTRUCTION SERVICES, INC.

Principal Place of Business

4746 MAYLOR ROAD
TALLAHASSEE FL 32308

Mailing Address

4746 MAYLOR ROAD
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

59-3444033

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1463 Lloyds Cove Road

Suite, Apt. #, etc.

22

City & State

23 Tallahassee, Florida

Zip

24 32312-9688

Country

25 LEON

2a. Mailing Address

26 1463 Lloyds Cove Road

Suite, Apt. #, etc.

27

City & State

28 Tallahassee, Florida

Zip

29 32312-9688

Country

30 LEON

9. Name and Address of Current Registered Agent

HAMMONS, DOUGLAS D
4746 MAYLOR ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

Douglas D. Hammons

82

Street Address (P.O. Box Number is Not Acceptable)
1463 Lloyds Cove Road

83

84

City
Tallahassee

FL

85

Zip Code
32312-9688

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

Douglas D. Hammons, Pres

Douglas D. Hammons, Pres

3/17/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

P

1.2 NAME

Douglas D. Hammons

1.3 STREET ADDRESS

1463 Lloyds Cove Road

1.4 CITY-ST-ZIP

Tallahassee, FL 32312-9688

2.1 TITLE

VP

2.2 NAME

James R. Clark

2.3 STREET ADDRESS

2729 Everett Lane

2.4 CITY-ST-ZIP

Tallahassee, FL 32312

3.1 TITLE

S/T

3.2 NAME

Peggy J. Hammons

3.3 STREET ADDRESS

1463 Lloyds Cove Road

3.4 CITY-ST-ZIP

Tallahassee, FL 32312-9688

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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

Douglas D. Hammons, President

Douglas D. Hammons, Pres

3/17/98

(850) 509-7567

CR2E034 (10/97)