03-05-1999 90076 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000041191

1. Corporation Name

	HAMMIS, INC.						
Principal Place of Business Mailing Address							
604 N. HIGHLAND AVE. CLEARWATER FL 33755 604 N. HIGHLAND AVE. CLEARWATER FL 33755							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/04/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			59-3507118		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75 A	
City & Stat	e	City & State	-		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip Country		Zip Country		ntry	8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registe	red Agent	
11. Pursuant	O FORTUNE DRIVE ARWATER FL 33756 to the provisions of Sections 607.056 egistered agent, or both, in the State of familiar with, and accept the obliga-	of Florida, Such change was a	ites, the ab	by the corooral	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	EL 85 Zip Control 25	registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E: Registered	Agent signature requi	(red when reinstating) DAT	E	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE	•	Change	Addition
NAME	HARRIS, PAUL E		1.2 NA	ME	•		
STREET ADDRESS	604 N. HIGHLAND AVE.	1.33		REET ADDRESS		•	
CITY-ST-ZIP			1.4 CIT	Y-ST-ZIP			
TITLE	D	☐ DELETE		LE	•	Change	☐ Addition
NAME	HARRIS, BEVERLY A		2.2 NA	ME	•		•
STREET ADDRESS	604 N. HIGHLAND AVE.	4 N. HIGHLAND AVE.		REET ADDRESS	•. •		
CITY-ST-ZIP			2. 4 Cl	IY-ST-ZIP			
TITLE		☐ DELETE	3.1 TIT	LE		Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 STI	REET ADDRESS	•		
CITY-ST-ZIP			3.4. CF	TY-ST-ZIP			

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 of mustee 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 for on an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETÉ

☐ DELETE

DELETE

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition