04271999-90117-033-$158.75-$158.75

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90117 033 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000046033

1. Corporation Name
HAMMOND BOWMAN CORP.

Principal Place of Business	Mailing Address
4917 EHRLICH RD. SUITE 203 TAMPA FL 33624	4917 EHRLICH RD. SUITE 203 TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4917 EHRLICH Road 22 Suite, Apt. #, etc. Suite 204 23 City & State Tampa FL 24 Zip 33624 25 Country USA	2a. Mailing Address 26 4917 EHRLICH Rd 27 Suite 204 28 City & State Tampa FL 29 Zip 33624 30 Country USA
3. Date Incorporated or Qualified 05/21/1998	
4. FEI Number 59-3515536	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired X	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes X No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOONEY, MARK F 1211 W FLETCHER AVE TAMPA FL 33612	81 Name AL BOWMAN 82 Street Address (P.O. Box Number is Not Acceptable) 4917 EHRLICH Road 83 Suite 204 84 City Tampa FL 85 Zip Code 33624

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: _____ AL Bowman, President 4/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President AL Bowman ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President AL Bowman 4917 EHRLICH Rd #204 Tampa FL 33624 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Daniel G. Hammond 4917 EHRLICH Rd #204 Tampa FL 33624 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER Daniel G. Hammond 4917 EHRLICH Rd #204 Tampa FL 33624 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary AL Bowman 4917 EHRLICH Rd #204 Tampa FL 33624 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ AL Bowman, President 4/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #