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Mar 31 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 # **S27964**

(3)

1. Corporation Name

HAMMOND KITCHEN & BATHS, INC.

Principal Place of Business

**7618 SILVER SANDS DR
WEST MELBOURNE FL 32904**

Mailing Address

**7618 SILVER SANDS DR
WEST MELBOURNE FL 32904-1128**

3. Date Incorporated or Qualified
01/28/1991

3a. Date of Last Report
03/20/1996

4. FEI Number
59-3069701

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

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, 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

**LAGANO, ALBERT S.
1900 PALM BAY RD NE
SUITE G
PALM BAY FL 32905**

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

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

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DPS
HAMMOND, NATHAN A.
7618 SILVER SANDS DR
W MELBOURNE FL
T**

☐ DELETE

11. TITLE

☐ Change ☐ Addition

NAME

12. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY- ST- ZIP

14. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

**NAME
HAMMOND, NATHAN A.
7618 SILVER SANDS DR
W MELBOURNE FL**

☐ DELETE

21. TITLE

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY- ST- ZIP

24. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

**NAME
STREET ADDRESS
CITY- ST- ZIP**

☐ DELETE

31. TITLE

☐ Change ☐ Addition

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY- ST- ZIP

34. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

**NAME
STREET ADDRESS
CITY- ST- ZIP**

☐ DELETE

41. TITLE

☐ Change ☐ Addition

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY- ST- ZIP

44. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

**NAME
STREET ADDRESS
CITY- ST- ZIP**

☐ DELETE

51. TITLE

☐ Change ☐ Addition

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY- ST- ZIP

54. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

**NAME
STREET ADDRESS
CITY- ST- ZIP**

☐ DELETE

61. TITLE

☐ Change ☐ Addition

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY- ST- ZIP

64. 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 file 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date Daytime Phone #

CR2E034 (9/96)