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

Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # HAMMERHEAD REMODELING, INC. Mailing Address Principal Place of Business 212 LAVENDER COURT 212 LAYENDER COURT ORLANDO FL 32807 ORLANDO FL 32807 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/13/1992 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 59-3079155 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intengible Yes Personal Property Tax due June 30. 24 30 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BONE, MARK 212 LAVENDER COURT Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32807 **R3** Zip Code 84 City 11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, 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 607.05:05, Florida Statutes ancisco ce SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE BONE, MARK 1.2 NAME NAME 212 LAVENDER COURT 1.3 STREET ADDRESS STREET ADORESS ORLANDO FL 32807 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE NAME BONE, NANCY 22 NAME 212 LAVENDER COURT STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32807 2.4 CITY-ST-ZIP CITY-S1-ZIP Change Addition DEVETE 3.1 TITLE TITLE 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4 1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADORESS

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.

Markhose

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