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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10: 25

DOCUMENT # **413104** **(1)**

1. Corporation Name
HAMMOCK CREEK INVESTMENT CO., INC.

Principal Place of Business	Mailing Address
P.O. BOX 3040 TALLAHASSEE FL 31027	P. O. DRAWER 11307 TALLAHASSEE FL 32302 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1972	3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1429063	☐ 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 Rt. 3, Box 3707	26 P. O. Box 391
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Quincy, Florida	28 City & State: Tallahassee, Florida
24 Zip: 32351 25 Country: USA	29 Zip: 32302 30 Country: USA

9. Name and Address of Current Registered Agent

AURELL, JOHN K
101 NORTH MONROE STREET
SUITE 1000, MONROE-PARK TOWER
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: John K. Aurell
82 Street Address (P.O. Box Number is Not Acceptable): 227 South Calhoun Street
83
84 City: Tallahassee FL 85 Zip Code: 32302

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VANDERCREEK, WILLIAM	1.2 NAME	
STREET ADDRESS	3810 LONGFORD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	AURELL, JOHN K.	2.2 NAME	
STREET ADDRESS	920 LIVE OAK PLANTATION	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, CHARLES L	3.2 NAME	
STREET ADDRESS	2414 E PLAZA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KITCHEN, E.C. DEENO	4.2 NAME	
STREET ADDRESS	305 S. GADSDEN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, JOE	5.2 NAME	
STREET ADDRESS	3375-E CAPITAL CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	☒ Change ☐ Addition
NAME	MOHR, CHARLES G	6.2 NAME	
STREET ADDRESS	2880 APALACHEE PARKWAY	6.3 STREET ADDRESS	Post Office Box 14313
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL 32317

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: X _____ 1/25/95 904-224-9115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406801 FR