FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

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

Principal Place of Business	Mailing Address
RT 3 BOX 3707 QUINCY FL 32351 US	P O BOX 391 TALLAHASSEE FL 32302 US

3. Date Incorporated or Qualified: **11/17/1972**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

AURELL, JOHN K
227 SOUTH CALHOUN STREET
~~**SUITE 1000, MONROE PARK TOWER --**~~
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 227 South Calhoun Street
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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOHR, CHARLES G		6.2 NAME	
STREET ADDRESS	POST OFFICE BOX 14313		6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: _____ John K. Aurell 1/16/96 904-224-9115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #