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FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 462732

(9)

1. Corporation Name

HAMMOCK MOBILE ESTATES, INC.

Principal Place of Business

1100 US 27 NORTH  
SEBRING FL 33870  
US

Mailing Address

1700 JERI KAY LANE  
SEBRING FL 33870-1908  
US



3. Date Incorporated or Qualified

10/04/1974

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-1568947

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

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MCCOLLUM & JOHNSON PA  
129 SOUTH COMMERCE AVENUE  
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name McCollum, Oberhausen & Tuck, L.L.P.

82 Street Address (P.O. Box Number is Not Acceptable)

129 South Commerce Avenue

83

84 City Sebring

FL

85 Zip Code 33870

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 607.1505, Florida Statutes.

SIGNATURE

Signature typed or printed from e of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SOLYNTJES, THOMAS  
STREET ADDRESS 1515 PROSPECT  
CITY-ST-ZIP SEBRING FL

TITLE ☐ DELETE

NAME SOLYNTJES, JENNIFER  
STREET ADDRESS 1515 PROSPECT  
CITY-ST-ZIP SEBRING, FLORIDA 00000

TITLE ☐ DELETE

NAME OHRT, EVERETT  
STREET ADDRESS 1700 JERI KAY LANE  
CITY-ST-ZIP SEBRING FL

TITLE ☐ DELETE

NAME OHRT, FLORENE  
STREET ADDRESS 1700 JERI KAY LANE  
CITY-ST-ZIP SEBRING, FLORIDA 00000

TITLE ☐ DELETE

NAME OHRT, JAMES E  
STREET ADDRESS 212 KITE STR  
CITY-ST-ZIP SEBRING FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97 (941) 385-3289

Date

Daytime Phone #

CR2E034 (9/96)