

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F03612

(1)

1. Corporation Name

HAMMER INVESTMENTS, INC.

Principal Place of Business

1097 SW 36 STREET
PALM CITY FL 34990
US

Mailing Address

P O BOX 526
PALM CITY FL 34991
US

FILED

93 JUL -7 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1980

4. FEI Number

59-2044234

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

| | | | | | |
|----|---------------------|---------|----|---------------------|---------|
| 21 | Suite, Apt. #, etc. | | 26 | Suite, 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

ROY, LUCIEN
1097 SW 36TH STREET
PALM CITY FL 34990

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ROY, LUCIEN | |
| STREET ADDRESS | 1097 SW 36 STREET | |
| CITY-ST-ZIP | PALM CITY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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***150.00 ***150.00

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.

SIGNATURE:

[Signature]

6/24/98

CR2E034 (10/97)

Dear Sir:

Mr. Lucius Roy
had a stroke. Died
Friday and was in the
hospital.

Please receive the
late fee -

Thank You.

Mrs Roy

To whom it may concern
Florida Department of State
1998 Profit Corporation Annual Report,

We apologize for not filing on May 1, 1998. During this period, my husband had a Biopsy on his Lymph Node under his arm for Lymphoma. This situation put us in a fearful state which preoccupied our minds with terrible anxiety.

This report was thought to have been sent by both my husband, or myself. Due to being upset and confused, the report did not get filed on time because it was misplaced. Upon finding the report, I called and spoke to an official at (850) 488-9000 on June 19, 1998. She told me to write this letter, and send with a check for \$ 150.00. Thank You very much for your understanding.

Sincerely,

Mrs. Gale Kappes

Mrs. Gale Kappes, Sec. Treas.

Harry Kappes, Pres.

HGK Enterprises INC.
307 N. Highlands Dr.
Hollywood Fl 33021
Document # J64962