

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 2:51

DOCUMENT # F51972

(0)

1. Corporation Name

M.C. HAMMER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2001 E. F. GRIFFIN RD.
BARTOW FL 33830

2001 E. F. GRIFFIN RD.
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1981 3a. Date of Last Report 03/15/1994

4. FEI Number 59-2142079 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 2001 E. F. Griffin Rd

26 2001 E. F. Griffin Rd

Suite, Apt. #, etc

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

10. Name and Address of New Registered Agent

HAMMER, MARVIN C
2001 E. F. GRIFFIN RD.
BARTOW FL 33830

81 Name

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

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

(Signature required for registered agent and for change of agent)

(Signature required for change of agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PST
NAME HAMMER, MARVIN C
STREET ADDRESS 2001 E. F. GRIFFIN ROAD
CITY, ST, ZIP BARTOW FL

2. TITLE D
NAME HAMMER, MARVIN C
STREET ADDRESS 2001 E. F. GRIFFIN ROAD
CITY, ST, ZIP BARTOW FL

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

2. 2. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

3. 3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

4. 4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

5. 5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

6. 6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(6)(b), Florida Statutes. I further certify that the information included in 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 make 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 attached form with an address.

SIGNATURE:

Marvin C. Hammer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marvin C. Hammer

1-9-95 013-533-3617