

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F52371**

(4)

1. Corporation Name

HAMMERHEAD MARINE, INC.

Principal Place of Business

**C/O ROBERT M. HAMMERSLA
830 S. FEDERAL HWY.
POMPANO BCH. FL 33062**

Mailing Address

**C/O ROBERT M. HAMMERSLA
830 S. FEDERAL HWY.
POMPANO BCH. FL 33062-6758**



3. Date Incorporated or Qualified

11/03/1981

3a. Date of Last Report

03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2137987

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMMERSLA, ROBERT M.
830 S. FEDERAL HWY.
POMPANO BCH. FL 33062**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME

**PST
HAMMERSLA, ROBERT M.
830 S. FEDERAL HWY.
POMPANO BCH. FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**VD
HAMMERSLA, ROBERT M.
830 S. FEDERAL HWY.
POMPANO BCH. FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**VD
HAMMERSLA, ROBERT M.
830 S. FEDERAL HWY.
POMPANO BCH. FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**VD
HAMMERSLA, ROBERT M.
830 S. FEDERAL HWY.
POMPANO BCH. FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**VD
HAMMERSLA, ROBERT M.
830 S. FEDERAL HWY.
POMPANO BCH. FL**

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**VD
HAMMERSLA, ROBERT M.
830 S. FEDERAL HWY.
POMPANO BCH. FL**

☐ DELETE

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:

R. M. Hammersla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. M. HAMMERSLA

Date

4/14/97

Daytime Phone #

954-781-7803

CR2E034 (9/96)