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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **H47483** **(3)**

1. Corporate Name
HAMMOCK BREEZE CORP.

Principal Place of Business
% WILLIAM G. VIERTEL
HIGHWAY 24, POST OFFICE BOX 3
CEDAR KEY FL 32625

Mailing Address
% WILLIAM G. VIERTEL
HIGHWAY 24, POST OFFICE BOX 3
CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/18/1985**
3a. Date of Last Report: **04/20/1994**

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

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

4. FEI Number: **31-0843425** ☐ 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

9. This corporation is subject to chapter 617, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VIERTEL, WILLIAM G.
HIGHWAY 24
BOX 3
CEDAR KEY FL 32625

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.1007, and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	DPT	Title	D ☒ Change ☐ Addition
Name	VIERTEL, WILLIAM G.	Name	VIERTEL, WILLIAM G.
Street Address	P.O. BOX 3 HWY 24 N/A	Street Address	P.O. BOX 3, HWY 24 N/A
City, St, Zip	CEDAR KEY FL	City, St, Zip	CEDAR KEY, FL
Title	ST	Title	DPST ☒ Change ☐ Addition
Name	VIERTEL,SUSAN S.	Name	VIERTEL, SUSAN S.
Street Address	P.O. BOX 3 HWY C N/A	Street Address	P.O. BOX 3, HWY 24 N/A
City, St, Zip	CEDAR KEY FL	City, St, Zip	CEDAR KEY, FL
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City, St, Zip		City, St, Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City, St, Zip		City, St, Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City, St, Zip		City, St, Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City, St, Zip		City, St, Zip	

14. To the best of my knowledge, the information contained herein is accurate and complete for the purposes required by Section 607.1622, Florida Statutes. I further certify that the information indicated on this 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 above or on an attachment with an address.

SIGNATURE: Susan S. Viertel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0412392 FP