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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H47483**

1. Corporation Name
HAMMOCK BREEZE CORP.

Principal Place of Business	Mailing Address
% WILLIAM G. VIERTEL 6450 S.W. ST HWY 24 CEDAR KEY FL 32625 US	% WILLIAM G. VIERTEL 6450 S.W. ST. HWY 24 CEDAR KEY FL 32625 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/18/1985

2. Principal Place of Business	2a. Mailing Address
21 Gulf Side Motel	26 RICHARD TINDALL
Suite, Apt. #, etc. 22 552 FIRST ST.	Suite, Apt. #, etc. 27 P.O. Box 3
City & State 23 Cedar Key Fl.	City & State 28 Cedar Key Fl.
Zip / Country 24 32625 25 Levy	Zip / Country 29 32625 30 Levy

4. FEI Number: 31-0843425 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VIERTEL, WILLIAM G. 6450 SW STATE HWY 24 CEDAR KEY FL 32625	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	VIERTEL, WILLIAM G.		1.2 NAME	TINDAL, CINDY	
STREET ADDRESS	6450 SW STATE HWY 24		1.3 STREET ADDRESS	PO BOX 3	
CITY-ST-ZIP	CEDAR KEY FL 32625		1.4 CITY-ST-ZIP	CEDAR KEY, FL	
TITLE	DPST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VIERTEL,SUSAN S.		2.2 NAME		
STREET ADDRESS	6450 SW STATE HWY 24		2.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL 32625		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TINDALL, RICHARD		3.2 NAME		
STREET ADDRESS	P.O. BOX 3, HWY 24		3.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: William G Viertel SIGNATURE REQUIRED — 1-25-99 — 813-837-5215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #