FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J54337** **(7)**

1. Corporation Name
HAMMEKEN REAL ESTATE APPRAISALS, INC.

Principal Place of Business
4218 AUTUMN LEAVES DRIVE
TAMPA FL 33624

Mailing Address
4218 AUTUMN LEAVES DRIVE
TAMPA FL 33624

3. Date Incorporated or Qualified: **01/26/1987**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21 17119 Hanna Rd.
Suite, Apt. #, etc.
22 —
City & State
23 Lutz, FL
Zip 24 33549 Country 25 USA

2a. Mailing Address
26 17119 Hanna Rd
Suite, Apt. #, etc.
27 —
City & State
28 Lutz, FL
Zip 29 33549 Country 30

4. FEI Number: **59-2827780** 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

9. Name and Address of Current Registered Agent
HAMMEKEN, GINI K.
4218 AUTUMN LEAVES DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name: Gini K. Hammeken
82 Street Address (P.O. Box Number is Not Acceptable): 17119 Hanna Rd
83 Lutz, FL
84 City: Lutz, FL **FL** 85 Zip Code: 33549

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 of Registered Agent (required for change of registered office or registered agent) Name: Registered Agent Signature (required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	HAMMEKEN, GINI K.
STREET ADDRESS	4218 AUTUMN LEAVES DRIVE
CITY, ST, ZIP	TAMPA FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	Gini K. Hammeken
1.3 STREET ADDRESS	17119 Hanna Rd
1.4 CITY, ST, ZIP	Lutz, FL 33549
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 is volunteered, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)