

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 11 1997 8:00am  
Secretary of State

DOCUMENT # J57506

(4)

1. Corporation Name

ROBERT L. HAMMER, INC.

Principal Place of Business

1323 LAFAYETTE STREET  
SUITE D  
CAPE CORAL FL 33904  
US

Mailing Address

1323 LAFAYETTE ST  
SUITE D  
CAPE CORAL FL 33904-9703  
US

2. Principal Place of Business

21 1526 SE 16TH PLACE

Suite, Apt. #, etc.

22 #A

City & State

23 CAPE CORAL, FL

Zip

24 33990-3851

Country

25 USA

2a. Mailing Address

26 1526 SE 16TH PLACE

Suite, Apt. #, etc.

27 #A

City & State

28 CAPE CORAL, FL

Zip

29 33990-3851

Country

30 USA

9. Name and Address of Current Registered Agent

SASSO, M. DANIEL  
3824 DEL PRADO BLVD.  
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

02/18/1987

3a. Date of Last Report

04/22/1996

4. FEI Number

59-2787520

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

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE

V DENMARK, LAWRENCE J J

NAME

STREET ADDRESS

1715 SE 1ST STREET

CITY - ST - ZIP

CAPE CORAL FL

TITLE

PST

☐ DELETE

NAME

DENMARK, KELLY H

STREET ADDRESS

1715 SE 1ST STREET

CITY - ST - ZIP

CAPE CORAL 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

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97

Date

941-542-0890

Daytime Phone #

CR2E034 (9/96)