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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90010 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K15495**

1. Corporation Name
HAMMOCK DE GALVEZ, INC.

Principal Place of Business
**1720 ST MARYS BAY DRIVE
MILTON FL 32583**

Mailing Address
**1720 ST MARYS BAY DRIVE
MILTON FL 32583**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1716 ST. MARY'S BAY DRIVE MILTON, FL 325 Suite, Apt. #, etc.		2a. Mailing Address 26 1716 ST. MARY'S BAY DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/19/1988	
22 City & State 23 MILTON, FL USA 24 32583 25 USA		27 City & State 28 MILTON, FL USA 29 32583 30 USA		4. FEI Number 59-2891945 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COKER, DENTON R. 1720 ST MARYS BAY DRIVE MILTON FL 32583		10. Name and Address of New Registered Agent 81 Name DENTON R. COKER 82 Street Address (P.O. Box Number is Not Acceptable) 10100 HILLVIEW RD 83 APT 221 84 City PENSACOLA FL 85 Zip Code 32514	
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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 *Denton R. Coker* **DENTON R. COKER** 1/12/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COKER, DENTON R 1720 ST MARY'S BAY DR MILTON FL 32583 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD COKER, DENTON R 10100 HILLVIEW RD APT 221 PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAY, LUCY M. 1708 ST MARYS BAY DR MILTON FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD GRAY, LUCY M. 10100 HILLVIEW RD APT 1315 PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARY, LUCY M 1720 ST MARY'S BAY DR MILTON FL 32583 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COKER, OCTAVIA M. 1720 ST MARYS BAY DR MILTON FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD COKER, OCTAVIA M 10100 HILLVIEW RD APT 221 PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SELLERS, CHARLOTTE M. 1716 ST MARYS BAY DR. MILTON FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Denton R. Coker* **DENTON R. COKER** 1/12/99 (850) 473-1649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0540770

CR2E034 (11/98)