

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**

[illegible]

APPROVED  
AND  
FILED

95 MAY -1 PM 10:00

DOCUMENT # P93000026734 (2)

**1020 ERIN INVESTMENT INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9800 S.W. 35TH TERRACE  
MIAMI FL 33165

8800 S.W. 35TH TERRACE  
MIAMI FL 33165

[illegible]

|                                                                                         |            |                                |                |
|-----------------------------------------------------------------------------------------|------------|--------------------------------|----------------|
| 3. Effective date of separation or termination                                          | 04/12/1993 | 3a. Date of last payment       | 07/26/1994     |
| 4. Identification number                                                                | 65-0443864 | 5. Amount Payable              | Additional Pay |
|                                                                                         |            |                                | Not Applicable |
| 5. Complete date of Status Termination                                                  |            | \$0.75 Additional Fee Required |                |
| 6. Election Contribution Insurance Trust Fund Contribution                              |            | \$5.00 May Be Added to Fees    |                |
| 6. The contribution has liability for insurance coverage by the Trust Fund Contribution |            |                                |                |

|           |           |
|-----------|-----------|
| <b>2</b>  | <b>2A</b> |
| <b>21</b> | <b>26</b> |
| <b>22</b> | <b>27</b> |
| <b>23</b> | <b>28</b> |
| <b>24</b> | <b>29</b> |
| <b>25</b> | <b>30</b> |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURO, THOMAS**  
**9800 S.W. 35TH TERRACE**  
**MIAMI FL 33165**

|    |                                          |             |
|----|------------------------------------------|-------------|
| 81 | Name                                     |             |
| 82 | Street Address of the Business or School |             |
| 83 |                                          |             |
| 84 | City                                     | FL 85 / Zip |

11. The proposed amendments to the proposed rules require that the proposed respondent complete the statement for the purpose of providing information to the respondent's attorney and to the proposed child's attorney. The proposed respondent will be required to complete the statement for the purpose of providing information to the respondent's attorney and to the proposed child's attorney.

2017.06.01 11:11

| 12.            |                    | 13.            |  |
|----------------|--------------------|----------------|--|
| NAME           | P                  | NAME           |  |
| Street Address | MURO, THOMAS       | Street Address |  |
| City           | 9800 SW 35TH TERR. | City           |  |
| State          | MIAMI FL           | State          |  |
| Zip            | V                  | Zip            |  |
| NAME           | MURO, GEORGINA     | NAME           |  |
| Street Address | 9800 SW 35TH TERR. | Street Address |  |
| City           | MIAMI FL           | City           |  |
| State          |                    | State          |  |
| Zip            |                    | Zip            |  |
| NAME           |                    | NAME           |  |
| Street Address |                    | Street Address |  |
| City           |                    | City           |  |
| State          |                    | State          |  |
| Zip            |                    | Zip            |  |
| NAME           |                    | NAME           |  |
| Street Address |                    | Street Address |  |
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| State          |                    | State          |  |
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| State          |                    | State          |  |
| Zip            |                    | Zip            |  |
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| Street Address |                    | Street Address |  |
| City           |                    | City           |  |
| State          |                    | State          |  |
| Zip            |                    | Zip            |  |
| NAME           |                    | NAME           |  |
| Street Address |                    | Street Address |  |
| City           |                    |                |  |

**SIGNATURE:**

Thomas F. Peters

SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNING OFFICER OR DIRECTOR

4-26-95 (305) 383 4329

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995

DOCUMENT # P93000026974 (4)

STUART BAKER, M.D., P.A.

APPROVED

FILED

9:00 AM - PM 12:30

TALLAHASSEE, FLORIDA

1840 59TH STREET WEST  
SUITE 300  
BRADENTON FL 34209  
US

1840 59TH STREET WEST  
SUITE 300  
BRADENTON FL 34209  
US

21 1133 4TH ST. SUITE 100 26 1133 4TH ST. SUITE 100

22 SARASOTA FL 27 SARASOTA FL  
23 34236 25 U.S. 28 34236 30 U.S.

9. Name and Address of Current Registered Agent

HARRELL, DONALD J  
2033 MAIN STREET  
SUITE 300  
SARASOTA FL 34237

04/07/1993

05/01/1994

65-0400741

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

FL

P  
BAKER MD, STUART  
1840 59TH STREET WEST  
BRADENTON FL

1133 4TH ST. SUITE 100  
SARASOTA FL 34236

SIGNATURE:

*Stuart Baker*  
STUART BAKER, M.D., P.A.

4/28/95

**CORPORATION.  
ANNUAL REPORT  
1995**



1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

## ANNOUNCED

**HAMMOCK AVIATION, INC.**

ALLAHOE, FLORIDA

4246 SOUTHPOINT BLVD  
SUITE 100  
JACKSONVILLE FL 32216

4215 SOUTHPOINT BLVD  
SUITE 100  
JACKSONVILLE FL 32216

|    |                             |    |  |
|----|-----------------------------|----|--|
| 2  | 19780 Creekfront Road #1104 | 2a |  |
| 21 |                             | 26 |  |
| 22 |                             | 27 |  |
| 23 | Jacksonville, FL            | 28 |  |
| 24 | 32256                       | 29 |  |
| 25 |                             | 30 |  |

|                                            |  |                                                                                        |  |
|--------------------------------------------|--|----------------------------------------------------------------------------------------|--|
| 3. <b>04/14/1993</b>                       |  | 3a. <b>04/28/1994</b>                                                                  |  |
| 4. <b>59-3175619</b>                       |  | <input type="checkbox"/> Applicant Fee<br><input type="checkbox"/> Post-Applicable Fee |  |
| 5. <b>\$8.75 Additional Fee Required</b>   |  |                                                                                        |  |
| 6. <b>\$5.00 May Be Added To Fees</b>      |  |                                                                                        |  |
| 7. <b>Address of New Registered Agent:</b> |  |                                                                                        |  |

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N  
4215 SOUTHPOINT BLVD.  
100 NATIONAL FINANCIAL BLDG.  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

|    |                                                        |                |
|----|--------------------------------------------------------|----------------|
| 81 | First Name                                             |                |
| 82 | Street Address (if not a business or PO or Acceptable) |                |
| 83 |                                                        |                |
| 84 | City                                                   | FL 85 Zip Code |

[illegible]

2-1/2 2 1/2 1/2 1/2

| 12.                                                                                           | DATE OF BIRTH AND DEATH | 13.                                                | ADDRESS, CHANGING ADDRESS AND PHONE NO. |
|-----------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------|-----------------------------------------|
| DPTS<br>HAMMOCK, ROBERT<br><del>12210 PINK PANTHER COURT-</del><br><del>JACKSONVILLE FL</del> |                         | 9780 Creekfront Rd #1104<br>JACKSONVILLE, FL 32256 |                                         |

[illegible]

**SIGNATURE:**

✓ Robert L. Hancock ROBERT L. Hancock  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-1495 704 158 5198