

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

**FILED**

**May 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P93000068533 (7)**  
1. Corporation Name  
**HEMP & HAMMOCKS, INC.**



Principal Place of Business: 16801 OVERSEAS HWY. KEY LARGO FL 33037  
Mailing Address: PO-BOX 561008 MIAMI-FL 33138 US  
*101681 Overseas Hwy Key Largo, FLA*

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified: 09/23/1993

2. Principal Place of Business: Suite, Apt. #, etc.  
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City & State: Key Largo FL  
Country: USA  
Zip: 33037

4. FEI Number: 65-0440704  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
COLEMAN, PHILLIP LLOYD  
9013 SW 78 PLACE  
MIAMI FL 33156

10. Name and Address of New Registered Agent  
81 Name: Lubecky, Gary  
82 Street Address (P.O. Box Number is Not Acceptable): 101681 OVERSEAS HWY  
83  
84 City: Key Largo FLA. FL 85 Zip Code: 33037

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 *Phillip Lloyd Coleman* with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Phillip Lloyd Coleman* DATE: 1/2/98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, PHILLIP LLOYD	
STREET ADDRESS	9013 SW 78 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARY LUBECKY	
1.3 STREET ADDRESS	16801 OVERSEAS HWY	
1.4 CITY-ST-ZIP	Key Largo FL 33037	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARY LUBECKY	
2.3 STREET ADDRESS	101681 OVERSEAS HWY	
2.4 CITY-ST-ZIP	Key Largo FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Phillip Lloyd Coleman* DATE: 4/27/98 305-458-4605

CR2E034 (10/97)