**PROFIT** CORPORATION: ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000068533

1. Corporation Name

HEMP & HAMMOCKS, INC.

Principal Place of Business

Mailing Address

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90053 015 \*\*\*158.75



101681 OVERSE KEY LARGO FL US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  09/23/1993		
		A A A A A A A A A A A A A A A A A A A	<u> </u>	4. FEI Number		A = U = d = = =
		Mailing Address	10 11 Cane 21	4. FEI Number	<del></del>	Applied For
21 /01	- O   O O - 11 - 0 / 1 - 1   - 1	101681 00 Suite, Apt. #, etc.	ICI SEAS PE	7 65-0440704		Not Applicable
Suite, Apt.	#, etc.			5. Certifcate of Status Desired		Additional Required
City & State City & State LArgo Fl. 28 Key LArgo			FIA	Election Campaign Financing     Trust Fund Contribution	1	May Be d to Fees
Zip Country 2ip Country 2ip Country 22 3 3037 30 MON					☐ Yes	<b>₽</b> No
	9. Name and Address of Current Regis	10. Name and Address of New Registered Agent				
	-0.0.		81 Name	CARY LUBEO	cky	
	ECKY, GARY		82 Street Add	ress (P.O. Box Number is Not Acceptable	· · · · · · · · · · · · · · · · · · ·	,
	81 OVERSEAS HWY		12 0001,72	01681 OURVSE	AS H	7
KEY	LARGO FL 33037		83			1
	•		84 City 1/	<del>,</del>	85 Zi	n Code
			104 City	es Largo	FL  °°   ´'	35037
11. Pursuant	to the provisions of Sections 607.0502 and 6	7.1508, Florida Statutes,	the above-named corp	poration submits this statement for the pur	pose of changing i	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 adcept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
$\frac{1}{2}$						
SIGNATURE	Signature, typed or printed name of Egistered agent and title i	applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE '	P	☐ DELETE	1.1 TITLE		Change	e 🗀 Addition
NAME	LUBECKY, GARY		1.2 NAME			
STREET ADDRESS	101681 OVERSEAS HWY		1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY-ST-ZIP			
TITLE A BE	AGENT	☐ DELETE	2.1 TITLE		☐ Change	e 🔲 Addition
NAME	Carrie Lubecky	_	2.2 NAME	•		1
STREET ADDRESS	101681 Oversens	HWY	2.3 STREET ADDRESS		<b></b> . ,	
CITY-ST-ZIP	Key Larso Fl	4 33637	2.4 CITY-ST-ZIP		_	
TITLE ASENT		DELETE	3.1 TITLE		Change	e 🔲 Addition
NAME	Robert Luber	~7	3.2 NAME			
STREET ADDRESS	101681 00008 15	021	3 3 STREET ADDRESS			
City-St-ZIP	Stillwater Dr. No	UCIFY, DA	3.4, CITY-ST-ZIP			<u> </u>
TITLE AGEN	Stillwater Dr. No David Lubecky 15021, Still water	☐ DELETE	4.1 TITLE		☐ Change	e 🔲 Addition
NAME	DAULG LUBELLY	· 614672	4, 2 NAME			
STREET ADDRESS	12031 24111 MALLE	$p_{\tau_{\tau}}/r_{\tau}$	4.3 STREET ADDRESS			
CITY-ST-ZiP	Novelty, OH. 4	4072	4.4 CITY-ST-ZIP	•		
TITLE		☐ DELETE	5.1 TITLE		☐ Chang	e Addition
NAME	:		5.2 NAME		•	}
STREET ADDRESS			5.3 STREET ADDRESS		•	
ì	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-ST-ZIP	•		· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Chang	e Addition
NAME	•		6.2 NAME	1	_ :	
			6.3 STREET ADDRESS			
STREET ADDRESS	,		6.4 CITY-ST-ZIP			
CITY-ST-ZIP	•		U UIT UI 4II			

14. I hereby certify that the information supplied with this filling 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 adrucal 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 ecciver 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:

SAME TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR