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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morbiam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000077449 (5)

1. Corporation Name

HAMMOCK'S, INC.



Principal Place of Business

601 NORTH NEW YORK AVENUE
WINTER PARK FL 32789

Mailing Address

601 NORTH NEW YORK AVENUE
WINTER PARK FL 32789

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GARCIA, MANUEL A III
601 NORTH NEW YORK AVENUE
WINTER PARK FL 32789

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 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Date of Signature (Month/Day/Year)

DATE

12. OFFICERS AND DIRECTORS

V
BARKETT, RUSSELL
601 NORTH NEW YORK AVENUE
WINTER PARK FL 32789

☐ DELETE

11
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

12
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

19
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change ☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)