FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027278 (8)**

1. Corporation Name

HAMMERHEADS INTERNATIONAL, INC.

400001490314
-05/17/95--01033--009
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6225 N DALE MABRY SUITE 1405 TAMPA FL 33614	6225 N DALE MABRY SUITE 1405 TAMPA FL 33614

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 705 Belle Chase Cr.	26 705 Belle Chase Cr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip 24 33634 Country 25 USA	Zip 29 33634 Country 30 USA

4. FEI Number: 59-3241503 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STAGLIANO, MARK T 6225 N DALE MABRY SUITE 1405 TAMPA FL 33614	81 Name: Mark T. Stagliano 82 Street Address (P.O. Box Number is Not Acceptable): 705 Belle Chase Cr. 83 84 City: Tampa FL 85 Zip Code: 33634

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: Mark Stagliano Vice president 4/27/95
Signature, type and printed name of registered agent and title if applicable — Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	KEELER, JOHN H	12 NAME	
STREET ADDRESS	6306 S MACDILL AVE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	14 CITY-ST-ZIP	
TITLE	DVT	21 TITLE	DVT ☒ Change ☐ Addition
NAME	STAGLIANO, MARK T	22 NAME	STAGLIANO, MARK T.
STREET ADDRESS	6225 N DALE MABRY SUITE 1405	23 STREET ADDRESS	705 BELLE CHASE CR.
CITY-ST-ZIP	TAMPA FL 33614	24 CITY-ST-ZIP	TAMPA FL 33634
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mark T. Stagliano 4/27/95 299-6024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0297082 CP