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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000058981 (9)

HAMNER & HAMNER CATTLE COMPANY, INC.

FILED Feb 13 1998 8:00am Secretary of State



		· ·			
Principal Place of Business Mailing Address					
1489 SOUTH BROCKSMITH ROAD 1489 SOUTH BROCKSMITH ROAD					
FORT PIERCE FL 34945 FORT			RT PIERCE FL 34945		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/10/1994
2. Principal P	lace of Business	l 2a Mailii	ng Address		
21		26			A 07 10 10 10 10 10 10 10 10 10 10 10 10 10
Suite, Apt. #, etc.		Suite, Ap1 #, etc.			A0 75
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7p		Country	8. This corporation owes or has paid the current/year Intangible
24	25	29		30	Personal Property Tax due June 30. Yes No
	9, Name and Address of Curr	ent Registered	Agent		10. Name and Address of New Registered Agent
HA	MNER, CHARLES W			81 Nam	ne
144	89 SOUTH BROCKSMITH ROA	D		62 Stree	of Addrson (D.O. Doy Number in Net Accompted
FORT PIERCE FL 34945				DZ Stree	et Address (P.O. Box Number is Not Acceptable)
				83	, , , , , , , , , , , , , , , , , , ,
				ļ	
				84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	8, Florida Statut	es, the above-name	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida, Su outlons of Snot	ch change was a	authorized by the co	orporation's board of directors. I hereby accept the appointment as registered
·	m tercenti with and accept the cim	gaments on later	WIT 607 .0300, FTC	onda otatutes.	
SIGNATURE	Signature typed or protect consocial registerest of	ocet and the if apple .	TOM) slets	F Registered Agent signet	ture required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE	Change Addition
NAME	Hamner, Charles W			1.2 NAME	
STREET ADDRESS	1489 SOUTH BROCKSMITH	ROAD		1.3 STREET ADDRESS	s
CITY-ST-ZIP	FORT PIERCE FL 34945			1.4 CITY-ST-ZIP	
ŤITLE	D		DELETE	2 1 TITLE	Change Addition
NAME	HAMNER, AUDREY M			2.2 NAME	
STREET ADDRESS	1489 SOUTH BROCKSMITH	ROAD		2.3 STREET ADDRESS	s
CITY-ST-ZIP	FORT PIERCE FL 34945			2 4 CITY-ST-ZIP	
TITLE			DELETE	31 TITLE	Change Addition
NAME				3.2 NAME	
STREET ADDRESS				3 3 STREET ADDRESS	s 1
CITY-ST-ZIP				3.4. CITY-ST-ZIP	
TITLE			DELFTE	4.1 TITLE	☐ Change ☐ Addition
NAME				4. 2 NAME	Change Addition
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY- ST-ZIP	
TITLE			DELETE	5.1 TITLE	Change Addition
NAME				5.2 NAME	L change L Addition
STREET ADDRESS					
- 1				5 3 STREET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	5 4 CITY-ST-ZIP 6 1 TITLE	Change Addition
NAME			- been		☐ Change ☐ Addition
1				62 NAME	.
STREET ADDRESS				6.3 STREET ADDRESS	S
CITY-ST-ZIP				6.4 CiTY - ST - 7IP	

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 supplicmental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if ghavigud, or yn an attachment with an address.

465-3352