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* PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000061908 (7)

1. Corporation Name

HAMMOCK RESTAURANT, INC.



Principal Place of Business

103 OAKLAND HILLS DRIVE
NAPLES FL 33962

Mailing Address

103 OAKLAND HILLS DRIVE
NAPLES FL 33962

2. Principal Place of Business

2a. Mailing Address

21 8793 TAMiami TRAIL EAST

26 Suite, Apt. #, etc.

22 Suite 120

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 NAPLES, FL

24 Zip

25 Country

29 Zip

30 Country

24 33962

9. Name and Address of Current Registered Agent

RINCON, VICTORIA
103 OAKLAND HILLS DRIVE
NAPLES FL 33962

81 Name

82 BARRERA, VICTORIA

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 607.0505, Florida Statutes.

SIGNATURE

Victoria Barrera
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating)

3/12/96
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RINCON, VICTORIA
STREET ADDRESS 103 OAKLAND HILLS DRIVE
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME BARRERA, VICTORIA

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33962

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001750571
-03/20/96--01017--034
***200.00

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: *Victoria Barrera* VICTORIA BARRERA

2/15/96 941 775-2761
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)