

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076998 (0)

1. Corporation Name

THE FLORIDA HAMMOCK WORKS, INC.



Principal Place of Business

12088 ANDERSON RD
SUITE 143
TAMPA FL 33625

Mailing Address

12088 ANDERSON RD
SUITE 143
TAMPA FL 33625

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report

4. FEI Number

59-3347563

Applied For
Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

CIAFROCCA, PATRICIA
12088 ANDERSON RD
SUITE 143
TAMPA FL 33625

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or officer or director

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CIAFROCCA, PATRICIA
12088 ANDERSON RD SUITE 143
TAMPA FL 33625

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Patricia Ciafrocca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

813-420-8723

CR2E034 (12/95)