

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000032209 (3)
 1. Corporation Name
HAMMETT FINANCIAL GROUP, INC.



Principal Place of Business 800 SW 10TH STREET, SUITE 204 OCALA FL 34474	Mailing Address 800 SW 10TH STREET, SUITE 204 OCALA FL 34474
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5353 SW COLLEGE Rd Suite, Apt. #, etc.	2a. Mailing Address 26 5353 SW COLLEGE Rd Suite, Apt. #, etc.
22 City & State 23 OCALA, FL	27 City & State 28 OCALA FL
24 Zip 34474	25 Country MARION
29 Zip 34474	30 Country MARION

3. Date Incorporated or Qualified 04/08/1997	4. FEI Number 59-3443452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
HAMMETT, J. RANDALL
600 SW 10TH STREET, SUITE 204
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name HAMMETT, J. RANDALL
82 Street Address (P.O. Box Number is Not Acceptable) 5353 SW COLLEGE Rd.
83
84 City OCALA
85 Zip Code FL 34474

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 **HAMMETT, J. RANDALL** *J. Randall Hammett* **3-24-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEDEZ, E.R.	
STREET ADDRESS	15071 SW 38TH AVE.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	HAMMETT, CYNTHIA LEIGH	
STREET ADDRESS	5353 SW COLLEGE Rd	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CEO
2.3 STREET ADDRESS	HAMMETT, CYNTHIA LEIGH
2.4 CITY-ST-ZIP	5353 SW COLLEGE Rd. OCALA, FL 34474
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Cynthia J. Hammett* **3-24-98** **(552) 861-1616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0468825

CR2E034 (10/97)