

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000032209 (3)

1. Corporation Name  
HAMMETT FINANCIAL GROUP, INC.

|  |  |
|--|--|
| Principal Place of Business<br>800 SW 10TH STREET, SUITE 204<br>OCALA FL 34474 | Mailing Address<br>800 SW 10TH STREET, SUITE 204<br>OCALA FL 34474 |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br>21 5353 SW COLLEGE Rd<br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br>26 5353 SW COLLEGE Rd<br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br>04/08/1997   |  |
| 22 City & State<br>23 Ocala, FL<br>Zip<br>24 34474                             |  | 27 City & State<br>28 Ocala FL<br>Zip<br>29 34474                   |  | 4. FEI Number<br>59-3443452<br>Applied For<br>Not Applicable  |  |
| 25 MARION  |  | 30 MARION   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
|  |  |   |  | 6. Election Campaign Financing<br>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<br>HAMMETT, J. RANDALL<br>800 SW 10TH STREET, SUITE 204<br>OCALA FL 34474 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name HAMMETT, J. RANDALL<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>5353 SW COLLEGE Rd.<br>83<br>84 City Ocala FL 85 Zip Code 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 reinstalling) DATE

|                            |                        |                                 |  |   |  |  |  |
|----------------------------|------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS |                        |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
| TITLE                      | D                      | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | MELENZ, E.R.           |                                 |  | 1.2 NAME  |  |  |  |
| STREET ADDRESS             | 15071 SW 38TH AVE.     |                                 |  | 1.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | OCALA FL 34473         |                                 |  | 1.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      | CEO                    | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | HAMMETT, CYNTHIA LEIGH |                                 |  | 2.2 NAME  | HAMMETT, CYNTHIA LEIGH   |  |  |
| STREET ADDRESS             | 5353 SW COLLEGE Rd     |                                 |  | 2.3 STREET ADDRESS                                    | 5353 SW COLLEGE Rd.  |  |  |
| CITY-ST-ZIP                | OCALA, FL 34474        |                                 |  | 2.4 CITY-ST-ZIP                                       | OCALA, FL 34474  |  |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                        |                                 |  | 3.2 NAME  |  |  |  |
| STREET ADDRESS             |                        |                                 |  | 3.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                        |                                 |  | 3.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                        |                                 |  | 4.2 NAME  |  |  |  |
| STREET ADDRESS             |                        |                                 |  | 4.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                        |                                 |  | 4.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                        |                                 |  | 5.2 NAME  |  |  |  |
| STREET ADDRESS             |                        |                                 |  | 5.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                        |                                 |  | 5.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                        |                                 |  | 6.2 NAME  |  |  |  |
| STREET ADDRESS             |                        |                                 |  | 6.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                        |                                 |  | 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)