

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90080 019 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000032209**

1. Corporation Name  
**HAMMETT FINANCIAL GROUP, INC.**



Principal Place of Business  
**5353 SW COLLEGE ROAD**  
**OCALA FL 34474**  
**US**

Mailing Address  
**5353 SW COLLEGE ROAD**  
**OCALA FL 34474**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/08/1997**

4. FEI Number

**59-3443452**

Applied For  
☐ Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HAMMETT, J. RANDALL**  
**5353 W. COLLEGE ROAD**  
**OCALA FL 34474**

10. Name and Address of New Registered Agent

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

Signatures, 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** ☒ DELETE

NAME **MENDEZ, E.R.**  
 STREET ADDRESS **15071 SW 38TH AVE.**  
 CITY-ST-ZIP **OCALA FL 34473**

TITLE **VEO** ☐ DELETE

NAME **HAMMETT, CYNTHIA LEIGH**  
 STREET ADDRESS **5353 SW COLLEGE ROAD**  
 CITY-ST-ZIP **OCALA FL 34474**

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 **President** ☐ Change ☒ Addition

1.2 NAME **Joseph F. Lowenstein**  
 1.3 STREET ADDRESS **4934 N.W. 28th Place**  
 1.4 CITY-ST-ZIP **GAINESVILLE, FL 32606**

2.1 TITLE **CEO** ☒ Change ☐ Addition

2.2 NAME **HAMMETT, Cynthia Leigh**  
 2.3 STREET ADDRESS **5353 SW College Road**  
 2.4 CITY-ST-ZIP **Ocala, FL 34474**

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

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, with all other like empowered.

SIGNATURE: *Cynthia L. Hammett* *Cynthia L. Hammett* 2-9-99 C352)861-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)