

FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000100268			
1. Corporation Name MIKE'S HAMMERS INC.			
Principal Place of Business 4482 3RD AVENUE, N.W. NAPLES FL 34114		Mailing Address 4482 3RD AVENUE, N.W. NAPLES FL 34114	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Name and Address of Current Registered Agent SCHROEDER, WILLIAM C 4482 3RD AVENUE, N.W. NAPLES FL 34114		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0501 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 and title if applicable) (NOT a Registered Agent signature required when renewing) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHROEDER, WILLIAM C	1.2 NAME	
STREET ADDRESS	4482 3RD AVENUE, N.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34114	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHROEDER, PATRICIA A	2.2 NAME	
STREET ADDRESS	4482 3RD AVENUE, N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34114	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, FLOYD M	3.2 NAME	
STREET ADDRESS	3201 21ST AVENUE, S.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34114	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia A. Schroeder
PATRICIA A. SCHROEDER

4/23/99

941-455-5554

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SP