FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

MAY 1 PM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V06287** **(9)**

1. Corporation Name
JOHN M. HAMMER FARMS, INC.

Principal Place of Business	Mailing Address
307 SOUTH BLVD SUITE B TAMPA FL 33606-2150	307 SOUTH BLVD SUITE B TAMPA FL 33606-2150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1992
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business	2a. Mailing Address
21 719 W. PINEDALE DR	26 719 W. PINEDALE DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PLANT CITY, FL.	28 City & State: PLANT CITY, FL.
24 Zip: 33566 25 Country: US	29 Zip: 33566 30 Country: US

4. FEI Number: 65-0318878 ☐ 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

7. 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
TRINKLE, ROBERT S. 121 N COLLINS ST PLANT CITY FL 33564	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	HAMMER, JOHN M.	12 NAME	
STREET ADDRESS	~~307 SOUTH BLVD SUITE B~~ 719 W. Pinedale Dr	13 STREET ADDRESS	719 West Pinedale Drive
CITY-ST-ZIP	~~TAMPA FL 33606-2150~~ Plant City, FL 33566	14 CITY-ST-ZIP	Plant City, FL 33566-6811
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HAMMER, JOHN M., JR. #1605	22 NAME	
STREET ADDRESS	~~307 SOUTH BLVD SUITE B~~ 1002 S Harbour Island	23 STREET ADDRESS	719 West Pinedale Drive
CITY-ST-ZIP	~~TAMPA FL 33606-2150~~ Tampa, FL 33602	24 CITY-ST-ZIP	Plant City, FL 33566-6811
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	HAMMER, SARA S.	32 NAME	
STREET ADDRESS	~~307 SOUTH BLVD SUITE B~~ 719 W. Pinedale Dr	33 STREET ADDRESS	1002 S. Harbour Island, #1605
CITY-ST-ZIP	~~TAMPA FL 33606-2150~~ Plant City, FL 33566	34 CITY-ST-ZIP	Tampa, FL 33602
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4-26-95 813-759-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001717 CP