FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996	See WE TE TE	
DOCUMENT #	V06287	

JOHN I	MENT # V0628' M. HAMMER FARMS, INC.	7 (9)			
Principal Place	of Business	Mailing Address			8/4/1
719 W. PINEL SUITE B PLANT CITY	DALE DR.	719 W. PINEDALE DR. SUITE B PLANT CITY FL 33566			
US	1 6 0000	US		1	3a. Date of Last Report
6 Delegated Di	of During	0. 11.75		01/14/1992 4. FEI Number	05/01/1995
z, ennoparek 1	ace of Business	2a. Mailing Address		65-0318878	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
7.0	(Do. mater)	28	T 6	Trast i ana contributori	Added to Fees
Ζφ [4]	Country 25	Zip 29	Country 30	8. This corporation has liability for inta	
	9. Name and Address of Currer		190	10. Name and Address of New Regi	
			81 Name	•	
TRINKLE	, ROBERT S.		B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
	OLLINS ST		on out vide	sides () or box to hear to that headplested,	
PLANT C	OTY FL 33564		63		
			84 City		■ 85 Zip Code
11. Pursuant t	ed agent, or both, in the State of Florid	2 and 607.1508, Florida Statut	es, the above-named corpo	oration submits this statement for the purpos	FL 25 Social Second S
familiar wit	th, and accept the obligations of, Sect	tion 607.0505, Florida Statutes	ed by the corporation's boa s.	ard of directors. I hereby accept the appoint	ment as registered agent. I am
familiar wit	th, and accept the obligations of, Sect	tion 607.0505, Florida Statutes	3.		
familiar wii SIGNATURE _	th, and accept the obligations of, Sect Styluture, typed or printed name of registered agent	tion 607.0505, Florida Statutes	S. DTE: Registered Agent signature require	red when renstating)	DATE
familiar wii SIGNATURE _ 12.	th, and accept the obligations of, Sect Stylicture, typed or printed name of registered agent OFFICERS AN	tion 607.0505, Florida Statutes	3.		DATE RS AND DIRECTORS IN 12
familiar with SIGNATURE	th, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS ANI D	tion 607.0505, Florida Statutes and the 4 applicable (NC D DIFIECTORS	DTE: Registered Agent signature require	red when renstating)	DATE RS AND DIRECTORS IN 12
familiar with SIGNATURE	th, and accept the obligations of, Sect Stylicture, typed or printed name of registered agent OFFICERS AN	tion 607.0505, Florida Statutes and the 4 applicable (NC D DIFIECTORS	S. DIE: Registered Agent signature requir. 13. 1.1 TITLE	red when renstating)	DATE RS AND DIRECTORS IN 12
familiar with SIGNATURE	th, and accept the obligations of, Sect Stylkiture, typed or printed name of registered agent OFFICERS ANI D HAMMER, JOHN M.	tion 607.0505, Florida Statutes and the 4 applicable (NC D DIFIECTORS	S. DTE: Registered Agent signature requir. 13. 1.1 TITLE 1.2 NAME	red when renstating)	DATE RS AND DIRECTORS IN 12
familiar wit SIGNATURE _ 12. TITLE NAME SIREFI ADDRESS	th, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS ANI D HAMMER, JOHN M. 79 WEST PINEDALE DR.	tion 607.0505, Florida Statutes and the 4 applicable (NC D DIFIECTORS	S. DTE: Registered Agent signature requir 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS	red when renstating)	DATE RS AND DIRECTORS IN 12
familiar with SIGNATURE	th, and accept the obligations of, Sect Stylicture, typed or printed name of registered agent OFFICERS ANI D HAMMER, JOHN M. 79 WEST PINEDALE DR. PLANT CITY FL D HAMMER, JOHN M., JR.	tion 607,0505, Florida Statutes and the 1 applicable (NC D DIFIECT ORS	S. DTE: Registered Agent signature requir 13. 1.1 Tiffle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition
familiar with SIGNATURE	th, and accept the obligations of, Sect Stylkdure, typed or printed name of registered agent OFFICERS ANI D HAMMER, JOHN M. 79 WEST PINEDALE DR. PLANT CITY FL D HAMMER, JOHN M., JR. 719 WEST PINEDALE DR.	tion 607,0505, Florida Statutes and the 1 applicable (NC D DIFIECT ORS	S. DTE: Registered Agent signature requir 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZiP 2.1 Title	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition
familiar with SIGNATURE	th, and accept the obligations of, Sect Stylicture, typed or printed name of registered agent OFFICERS ANI D HAMMER, JOHN M. 79 WEST PINEDALE DR. PLANT CITY FL D HAMMER, JOHN M., JR. 719 WEST PINEDALE DR. PLANT CITY FL	tion 607,0505, Florida Statutes and the 1 applicable (NC D DIFFECT ORS DELETE	13. 1. 1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition
familiar with SIGNATURE	th, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS ANI D HAMMER, JOHN M. 79 WEST PINEDALE DR. PLANT CITY FL D HAMMER, JOHN M., JR. 719 WEST PINEDALE DR. PLANT CITY FL D PLANT CITY FL D	tion 607,0505, Florida Statutes and the 1 applicable (NC D DIFIECT ORS	13. 1. 1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition
familiar with SIGNATURE	th, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS ANI D HAMMER, JOHN M. 79 WEST PINEDALE DR. PLANT CITY FL D HAMMER, JOHN M., JR. 719 WEST PINEDALE DR. PLANT CITY FL D HAMMER, SARA S.	ion 607,0505, Florida Stalutes and the 1 applicable (NC D DIFIECT ORS DELETE DELETE	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THE 3.2 NAME	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition
familiar with SIGNATURE	CALL CONTROLL OF THE CONTROLL	ion 607,0505, Florida Stalutes and the 1 applicable (NC D DIFIECT ORS DELETE DELETE	13. 1 TITLE 1 NAME 1 STREET ADDRESS 1 4 CITY-ST-ZIP 2 TITLE 2 NAME 2 STREET ADDRESS 2 4 CITY-ST-ZIP 3 TITLE 3 NAME 3 STREET ADDRESS 3 TITLE 3 NAME	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition
familiar with SIGNATURE	th, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS ANI D HAMMER, JOHN M. 79 WEST PINEDALE DR. PLANT CITY FL D HAMMER, JOHN M., JR. 719 WEST PINEDALE DR. PLANT CITY FL D HAMMER, SARA S.	ion 607,0505, Florida Stalutes and the 1 applicable (NC D DIFIECT ORS DELETE DELETE	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THE 3.2 NAME	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition
familiar with SIGNATURE	CALL CONTROLL OF THE CONTROLL	ion 607,0505, Florida Stritutes and the 1 applicable (NC D DIFFECT ORS DELETE DELETE	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
familiar with SIGNATURE	CALL CONTROLL OF THE CONTROLL	ion 607,0505, Florida Stritutes and the 1 applicable (NC D DIFFECT ORS DELETE DELETE	13. 1 TITLE 1 NAME 1 STREET ADDRESS 1 4 CITY-ST-ZIP 2 TITLE 2 NAME 2 STREET ADDRESS 2 4 CITY-ST-ZIP 3 TITLE 3 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 4 TITLE 4 TITLE 4 TITLE 5 NAME 6 TITLE 6 TITLE 7 NAME 7 TITLE 7 NAME 7 TITLE	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
FAMILIAN WILLIAM SIGNATURE 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CALL CONTROLL OF THE CONTROLL	ion 607,0505, Florida Stritutes and the 1 applicable (NC D DIFFECT ORS DELETE DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP 2 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 4 CITY-ST-ZIP 4 TITLE 4 2 NAME	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
familiar with SIGNATURE	CALL CONTROLL OF THE CONTROLL	ion 607,0505, Florida Stritutes and the 1 applicable (NC D DIFFECT ORS DELETE DELETE	DIE: Registered Agent signature requir 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
familiar with SIGNATURE	CALL CONTROLL OF THE CONTROLL	in 607,0505, Florida Statutes and the 1 applicable (NC D DIFFECTORS DELETE DELETE	DIE: Registered Agent signature requir 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 CITY-ST-ZIP	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
familiar with SIGNATURE	CALL CONTROLL OF THE CONTROLL	in 607,0505, Florida Statutes and the 1 applicable (NC D DIFFECTORS DELETE DELETE	DIE: Registered Agent signature requir 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
FAMILIAN WILL SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALL CONTROLL OF THE CONTROLL	DELETE DELETE DELETE DELETE	DIE: Registered Agent signature requir 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
FAMIliar Will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CALL CONTROLL OF THE CONTROLL	in 607,0505, Florida Statutes and the 1 applicable (NC D DIFFECTORS DELETE DELETE	13. 1 TITLE 1 NAME 1 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 2 NAME 2 STREET ADDRESS 2 4 CITY-ST-ZIP 3 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 4 2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 6 TITLE	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
FAMILIAN WILL SIGNATURE 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	CALL CONTROLL OF THE CONTROLL	DELETE DELETE DELETE DELETE	TIE: Registered Agent signature requirements of the signature of the sign	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
FAMIliar Will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CALL CONTROLL OF THE CONTROLL	DELETE DELETE DELETE DELETE	13. 1 TITLE 1 NAME 1 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 2 NAME 2 STREET ADDRESS 2 4 CITY-ST-ZIP 3 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 4 2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 6 TITLE	red when renstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition

SIGNATURE: 5

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR M. HAMMER ADTIL 17, 1996 813-759-2445