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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V06287 (9)

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

Principal Place of Business

Mailing Address

719 W. PINEDALE DR.
SUITE B
PLANT CITY FL 33566
US

719 W. PINEDALE DR.
SUITE B
PLANT CITY FL 33566-6811
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/14/1992

3a. Date of Last Report

04/24/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

TRINKLE, ROBERT S.
121 N COLLINS ST
PLANT CITY FL 33564

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAMMER, JOHN M.	
STREET ADDRESS	79 WEST PINEDALE DR.	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMER, JOHN M., JR.	
STREET ADDRESS	719 WEST PINEDALE DR.	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMER, SARA S.	
STREET ADDRESS	1002 S. HARBOUR ISLAND, #1605	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hammer, John M., Jr.
2.3 STREET ADDRESS	1002 S. Harbour Island Blvd., Unit 1605
2.4 CITY - ST - ZIP	Tampa, FL 33602
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hammer, Sara S.
3.3 STREET ADDRESS	719 Pinedale Drive
3.4 CITY - ST - ZIP	Plant City, FL 33566
4.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Trinkle, Ann H.
4.3 STREET ADDRESS	711 Pinedale Drive
4.4 CITY - ST - ZIP	Plant City, FL 33566
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Hammer, Jr.

April 16, 1997

813-759-2445

Date

Daytime Phone #

CR2E034 (9/96)