

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

AND FILED

55 MAY -1 AM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H47483** (3)
1. Corporation Name
HAMMOCK BREEZE CORP.

Principal Place of Business: **% WILLIAM G. VIETEL
HIGHWAY 24, POST OFFICE BOX 3
CEDAR KEY FL 32625**
Mailing Address: **% WILLIAM G. VIETEL
HIGHWAY 24, POST OFFICE BOX 3
CEDAR KEY FL 32625**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/18/1985** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **31-0843425** 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**
9. This corporation has liability for exchange fee under § 107.052 Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21. State: Apt # etc: 26. State: Apt # etc:
22. City & State: 27. City & State:
23. Zip: 28. Zip:
24. City: 25. State: 29. City: 30. State:

9. Name and Address of Current Registered Agent
**VIETEL, WILLIAM G.
HIGHWAY 24
BOX 3
CEDAR KEY FL 32625**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0521 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Secretary or Director)

12. OFFICERS AND DIRECTORS

1. TITLE	DPT
2. NAME	VIETEL, WILLIAM G.
3. STREET ADDRESS	P.O. BOX 3 HWY 24 N/A
4. CITY, STATE, ZIP	CEDAR KEY FL
5. TITLE	ST
6. NAME	VIETEL, SUSAN S.
7. STREET ADDRESS	P.O. BOX 3 HWY C N/A
8. CITY, STATE, ZIP	CEDAR KEY FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	VIETEL, WILLIAM G.	
3. STREET ADDRESS	P.O. BOX 3, HWY 24 N/A	
4. CITY, STATE, ZIP	CEDAR KEY, FL	
5. TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	VIETEL, SUSAN S.	
7. STREET ADDRESS	P.O. BOX 3, HWY 24 N/A	
8. CITY, STATE, ZIP	CEDAR KEY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		

14. I, the board, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 107.052, Florida Statutes. I further certify that the information included on the 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 controller or treasurer of the corporation as required by Chapter 607, Florida Statutes, and that my name appears on the block of or blocks of stock owned by or on behalf of the corporation.

SIGNATURE: * *Susan S. Vietel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR