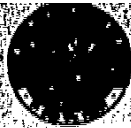


NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Florida B. McManus
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUN 19 AM 11:37

DOCUMENT # N07473 (4)
 1. Corporation Name
SENUG, INC.

Principal Place of Business Mailing Address
***TERRELL E. REDDEN** ***TERRELL E. REDDEN**
 5604 OLEANDER AVENUE 5604 OLEANDER AVENUE
 FT PIERCE FL 34982-4001 FT PIERCE FL 34982-4001

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **02/05/1985** 3a. Date of Last Report **03/02/1994**
 4. FEI Number **59-2630193** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 7in Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
REDDEN, TERRELL E.
5604 OLEANDER AVENUE
FT PIERCE FL 33450

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER, LARRY A	1.2 NAME	
STREET ADDRESS	2604 HICKORY DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ASHEBORO NC	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMS, SANDIE	2.2 NAME	
STREET ADDRESS	2201 N JACKSON ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TULLAHOMA TN	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JACKIE	3.2 NAME	
STREET ADDRESS	P O BOX 418, HWY 301 S N/A	3.3 STREET ADDRESS	ALLEN, JOYCE
CITY - ST - ZIP	COLUMBIA SC	3.4 CITY - ST - ZIP	P.O. Box 1527, 2194 Emory St. Covington GA 30210-1527
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, RICHARD	4.2 NAME	
STREET ADDRESS	P O BOX 170 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	MONTEVALLO AL	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATON, DARRELL	5.2 NAME	
STREET ADDRESS	3485 CLINTON RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE NC	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry A. Trotter Date: 6-12-95 (Type in Figure) (910) 629-1897
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)