

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

APPROVED AND FILED

95 MAY - 1 PH 2: 55

CORPORATION ANNUAL REPORT 1995



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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000083409 (1)

1. Corporation Name MUDDOBBERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: RT 5 BOX 600 WATSON BLVD BIG PINE KEY FL 33043
Address: RT 5 BOX 600 WATSON BLVD BIG PINE KEY FL 33043

3. Date Incorporated or Received: 11/29/1993
3a. Date of Last Report: 08/01/1994
4. FEI Number: 65-0457921
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Has been Corporation previously in good standing? \$5.00 May Be Added to Fees
7. This corporation has not been previously in good standing with Florida Statutes: Yes No

2. Principal Place of Business: RT 5 BOX 600 WATSON BLVD BIG PINE KEY FL 33043
2a. Mailing Address: RT 5 BOX 600 WATSON BLVD BIG PINE KEY FL 33043
22. State Agent Name:
23. City, State:
24. State Agent Name:
25. City, State:
26. State Agent Name:
27. City, State:
28. State Agent Name:
29. City, State:
30. State Agent Name:

9. Name and Address of Current Registered Agent: MOORE, RUSSELL D RT 5 BOX 600 WATSON BLVD BIG PINE KEY FL 33043

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

11. I, the undersigned, being duly sworn, depose and say that the above-named corporation admits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent, with full power to accept the appointment as set forth in Florida Statutes.

SIGNATURE: _____
Signature of Current Registered Agent: _____
Signature of New Registered Agent: _____

Table with 4 columns: Name, Street Address, City, and Zip Code. Rows include MOORE, RUSSELL D; CORROY, KEVIN; CONNELLY, STEPHEN S.

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and I am duly qualified to execute the same in accordance with the provisions of the Florida Statutes. I further certify that the information supplied with this filing is complete, true and correct, and I am duly qualified to execute the same in accordance with the provisions of the Florida Statutes.

SIGNATURE: x Russell D Moore RUSSELL D MOORE 4/28/95 305-872 2012