

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mathew
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **191374** (8)
1. Corporation Name
BUD'S INC.

Principal Place of Business
**C/O DAVID GALBREATH
2731 W BROWARD BLVD
FT LAUDERDALE FL 33312**

Mailing Address
**C/O DAVID GALBREATH
2731 W BROWARD BLVD
FT LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/05/1956	3a. Date of Last Report 05/01/1994
4. FEI Number 59-0776384	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. 190.022, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**GALBREATH, DAVID C.
2731 WEST BROWARD BLVD.
FORT LAUDERDALE FL**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GALBREATH, DAVID C.
STREET ADDRESS	2731 W. BROWARD BLVD.
CITY, ST, ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	GALBREATH, W.C.
STREET ADDRESS	2731 W. BROWARD BLVD.
CITY, ST, ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	GALBREATH, JOAN
STREET ADDRESS	2731 W. BROWARD BLVD.
CITY, ST, ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	GALBREATH, ERIN R.
STREET ADDRESS	2731 W. BROWARD BLVD
CITY, ST, ZIP	FORT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2.1 NAME	
2.2 STREET ADDRESS	
2.3 CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3.1 NAME	
3.2 STREET ADDRESS	
3.3 CITY, ST, ZIP	
4. TITLE	☒ Change ☐ Addition
4.1 NAME	<i>Erin R. Galbreath</i>
4.2 STREET ADDRESS	
4.3 CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5.1 NAME	
5.2 STREET ADDRESS	
5.3 CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6.1 NAME	
6.2 STREET ADDRESS	
6.3 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemented 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed in Block 13 or Block 14 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR