

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murphree  
Secretary of State  
Tallahassee, Florida 32399-0001

**APPROVED  
AND  
FILED**

95 MAY 10 11:10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **512857** (4)  
HOGTOWN UNDERGROUND, INC.

Principal Office Location: 4913 NW 6TH ST GAINESVILLE FL 32609  
Mailing Address: 4913 NW 6TH ST GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation/Reorganization <b>09/22/1976</b>	3a. Date of Last Report <b>02/01/1994</b>
4. FEI Number <b>59-1690279</b>	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.15, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office Location <b>21</b>	2b. Mailing Address <b>26</b>
22. City, State	27. City, State
23. City, State	28. City, State
24. City, State	29. City, State
25. County	30. County

9. Name and Address of Current Registered Agent <b>STEADHAM, JOHN M 527 EAST UNIVERSITY AVE GAINESVILLE FL 32601</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 607.1961, and 607.1908 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 Sections 607.0501, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Current Registered Agent) \_\_\_\_\_ (New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD COOY, DANIEL P.M. III 408 S E CR-234 GAINESVILLE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE	S	3. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S COOY, BOBBIE F. 408 S E CR-234 GAINESVILLE FL	4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE		6. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY, STATE		9. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE		12. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY, STATE		15. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in section 199.01(1)(b) Florida Statutes. I further certify that the information is disclosed on the annual report of supplemental annual reports of this corporation 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 appointed to receive the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an officer list with an addition.

SIGNATURE: *Daniel P.M. Cooy III*  
PRINTED NAME OF OFFICER OR DIRECTOR

5-3-95 904-377-4346