FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR 16 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 534021 (1)

1. Corporation Name
BUDCO, INC.

Principal Place of Business	Mailing Address
1217 SWEETBRIAR ROAD P. O. BOX 568951 ORLANDO FL 32856-5951	1217 SWEETBRIAR ROAD P. O. BOX 568951 ORLANDO FL 32856-5951

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/02/1977
3a. Date of Last Report: 01/21/1994

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

4. FEI Number: 59-1744939 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAY, PAUL DAMON
7123 G SW 115PLACE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: MAY PAUL DAMON
82 Street Address (P.O. Box Number is Not Acceptable): 8101 SW 73rd Avenue, APT. 3a
83
84 City: Miami FL 85 Zip Code: 33143

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	VTD ☒ Change ☐ Addition
NAME	MAY, PAUL DAMON	1.2 NAME	MAY, PAUL DAMON
STREET ADDRESS	7123 G SW 115 PLACE	1.3 STREET ADDRESS	8101 SW 73rd Avenue, APT. 3a
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33143-7550
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	HECHT, E W	2.2 NAME	
STREET ADDRESS	1217 SWEETBRIAR RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HECHT, MARY FRANCES	3.2 NAME	
STREET ADDRESS	1217 SWEETBRIAR RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL.F	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E.W. Hecht E.W. HECHT 3/12/95 407 851-9576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008736 CP