

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **627885**

(7)

1. Corporation Name

HAV-A-CUP, INC.

SECRET FILED
DIVISION OF STATE
95 FEB 14 AM 11:48

Principal Place of Business

505 N. FAULKENBURG RD
TAMPA FL 33619

Mailing Address

505 N. FAULKENBURG RD
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporate/Ex-Chartered **06/22/1979** 3a. Date of Last Report **07/12/1994**

4. EIN Number **59-1911931** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Fund Contribution **\$5.00** May Be Added to Fees

7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

22 Suite, Apt. #, etc.

27 City & State

23 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HUTTON, CHARLES
1036 MT CARMEL ROAD
BRANDON, FL
33511

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 607.0902 and 607.1505, 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**

NAME	D	1 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HUTTON, CHARLES 1036 MT CARMEL ROAD BRANDON, FL 00000	12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	2514 MASON OAKES DR. VALRICO, FL 33594
OFFICE ST ZIP	PTD	21 NAME 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTON, DONNA 10701 BARDES CORUT LARGO FL	31 NAME 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VDT	41 NAME 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ST ZIP	HUTTON, RUTH 1036 MT CARMEL ROAD BRANDON, FL 00000	51 NAME 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		61 NAME 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		71 NAME 72 NAME 73 STREET ADDRESS 74 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ST ZIP		81 NAME 82 NAME 83 STREET ADDRESS 84 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		91 NAME 92 NAME 93 STREET ADDRESS 94 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		101 NAME 102 NAME 103 STREET ADDRESS 104 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ST ZIP		111 NAME 112 NAME 113 STREET ADDRESS 114 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		121 NAME 122 NAME 123 STREET ADDRESS 124 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		131 NAME 132 NAME 133 STREET ADDRESS 134 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ST ZIP		141 NAME 142 NAME 143 STREET ADDRESS 144 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		151 NAME 152 NAME 153 STREET ADDRESS 154 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		161 NAME 162 NAME 163 STREET ADDRESS 164 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ST ZIP		171 NAME 172 NAME 173 STREET ADDRESS 174 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		181 NAME 182 NAME 183 STREET ADDRESS 184 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		191 NAME 192 NAME 193 STREET ADDRESS 194 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE ST ZIP		201 NAME 202 NAME 203 STREET ADDRESS 204 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare hereby that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(e), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make under oaths in Block 12, Column 1 if changed, or an attachment thereto in accordance with the address.

SIGNATURE: *Charles Hutton, Donna Hutton*

218195 813-593-2146