

**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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAY 30 AM 9:06

**DOCUMENT # 668114****(2)**

1. Corporation Name

**BUDDY FREDDYS, INC.**

Principal Place of Business

Mailing Address

1101 GOLDFINCH DR  
PLANT CITY FL 33566  
US

1101 GOLDFINCH DR  
PLANT CITY FL 33566  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1980**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-1997806**

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. 199.032,  
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 3757**

22 City &amp; State

27 Suite, Apt. #, etc.

28 **PLANT CITY, FL**

23 Zip

Country

24

25

29 Zip

**33564**

30

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, PHILLIP E.**  
**1101 GOLDFINCH DR**  
**PLANT CITY FL 33566**

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 607.0502 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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | CVS                  |
| NAME            | JOHNSON, PHILLIP E.  |
| STREET ADDRESS  | 1101 GOLDFINCH DR    |
| CITY - ST - ZIP | PLANT CITY FL        |
| TITLE           | DP                   |
| NAME            | JOHNSON, FRED O.     |
| STREET ADDRESS  | 1101 GOLDFINCH DR    |
| CITY - ST - ZIP | PLANT CITY FL        |
| TITLE           | AS                   |
| NAME            | CRIBBS, KEITH        |
| STREET ADDRESS  | 204 W. CALHOUN       |
| CITY - ST - ZIP | PLANT CITY FL        |
| TITLE           | T                    |
| NAME            | JOHNSON, PHILLIP E.  |
| STREET ADDRESS  | 1101 GOLDFINCH DRIVE |
| CITY - ST - ZIP | PLANT CITY FL        |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 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 110.07(3)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Keith Cribbs, Asst. Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**KEITH CRIBBS**

**4/20/95****(813)752-2513**