

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F50526 (5)

1. Corporation Name

BAYOU BUDDY'S, INC.



Principal Place of Business

HWY 98 EAST.  
P.O. BOX 1678  
SANTA ROSA BEACH FL 32459

Mailing Address

HWY 98 EAST.  
P.O. BOX 1678  
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

21 75 W. HODGE RD.

Suite, Apt. #, etc.

22

City & State

23 SANTA ROSA BEACH FL

Zip

Country

24 32459

2a. Mailing Address

26 75 W. HODGE RD.

Suite, Apt. #, etc.

27

City & State

28 SANTA ROSA BEACH FL

Zip

Country

29 32459 30 WALTON

9. Name and Address of Current Registered Agent

HODGE, WILLIAM  
RT 1 BOX 48 H  
SANTA ROSA BEACH FL 32459

3. Date Incorporated or Qualified

10/21/1981

3a. Date of Last Report

03/13/1995

4. FCI Number

59-2129361

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 75 W. HODGE RD.

84 City

85 SANTA ROSA BEACH FL

Zip Code

32459

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 date if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
ST  
HODGE, BARBARA A  
RT 1, BOX 48 H  
CITY-ST-ZIP  
SANTA ROSA BEACH FL

TITLE ☐ DELETE

NAME  
P  
HODGE, WILLIAM R  
RT 1, BOX 48 H  
CITY-ST-ZIP  
SANTA ROSA BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Barbara A. Hodge* BARBARA A. HODGE 4-9-96 904-267 2078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)