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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F94141

(1)

Corporation Name

DOCUMENT #

SLUG-A-BUG, INC.

Mailing Address

1963 GUAVA AVE. MELBOURNE FL 32935

Principal Place of Business

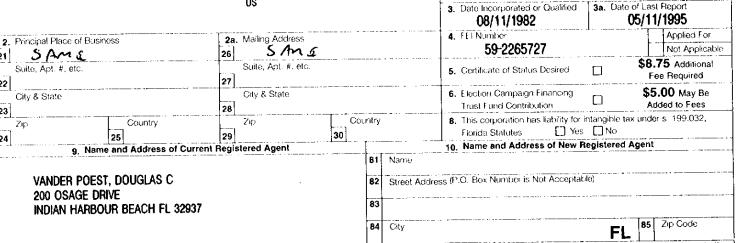
21

23

24

 $Z_{\rm ID}$

1963 GUAVA AVE MELBOURNE FL 32935



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	Signature, typed or printed name of registered agent and tide 1 applicable (NO) OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
112.	D	DELETE	1 TIBLE	Change Addition
NAME	GLOVER, JOE H		1.2 NAME	
STHEET ADDRESS	3109 S MAIN STREET		1.3 SEREET ADDRESS	
CHY-ST-ZIP	MELBOURNE FL		1.4 CITY - ST - ZIF	
TILLE	PST	DELETE	2 1 TillE	Change Addition
NAME	VANDER POEST, DOUGLAS C		2.2 NAMÉ	
STREET ADDRESS	200 OSAGE DRIVE		2.3 STHEET ADDRESS	
C/TY - ST - Z/P	IND HARBOUR BCH FL		2.4 CITY- ST-ZIP	
117LE		DELETE	3 1 THLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
City+\$1-7IP			3 4 CITY - ST - ZIP	
TIALI		☐ DECETE	4 1 11TLE	☐ Change ☐ Addition
NAME.			4.2 NAME	
STHEET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4.C(TY - S1 - ZIP)	Change Addition
TITLE		DETELE	5 1 1HLF	Change Addition
NAME			5.2 NAME	
STREET ADDRESS	_		5.3 STREET ADDRESS	
CITY - S1 - ZIP			5.4 CHY+SI-ZIP	F1 (t)
TRILE	71	DELETE	€ 1 TITLE	Change Addition
NAME	/ /		6.2 NAME	
STREET ADDRESS	/ ₀ /	/	63 STHEET ADORNAS	
C:TY SI-ZIP	X / 1		6.4 CITY(1-2)P	Section 10 Aziguila Flooda Statutos Liuribos

information supplied in this filing is voluntarily furnished a 14. I do hereby certify that certify that the informationalm, that I am an only gr. quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther and accurate and that my signature shall have the same logal effect as if made under execute this report as required by Chapter 607, Florida Statutes; and that my name nental annual reper indicated on this ar for of the c

appears in Block SIGNATURE