## 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

J12739 **DOCUMENT #** 

(5)

HUSIY	"S MASUNHY, INC.				
Principal Place	of Business	Mailing Address		a todinie didi tedin sidit iddan itti	M LOTE QUELL MANS MINTE MINTE MINTE MINTEL INNS
C/O RUSSELL U. SNEDEKER. JR. 7295 W. MATADOR LANE HOMOSASSA FL 34446		C/O RUSSELL U. SI 7295 W. MATADOR I HOMOSASSA FL 344	LANE		
US		US		3. Date Incorporated or Qualified 05/05/1986	3a. Date of Last Report 01/19/1995
_ <b>2</b> . Principe' Pia <b>21</b>	ce of Business	2a. Mailing Address 26		4. FEI Number 59-2681534	Applied For Not Applicable
Suite, Apt # 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State  23		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Ζφ. <b>24</b> ]	Country 25	Zip	Country 30	8. This corporation has liability for Florida Statutes	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name		
	(ER, RUSSELL U. JR. . MATADOR LANE		82 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)
	ASSA FL 34446		83		
			B4 City		FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 of agent, or both, in the State of Floric h, and accept the obligations of, Secti	la. Such change was author	ized by the progration's boa	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing its registered office ointment as registered agent. I am
	ôlgi af nei sysed ör printed name of registered agent.		iOTE Begister Agen Lage ature require		DAT:
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	·
100	CPD SMEDERED DUGGETT IT ID	☐ DETELE	1 1 1F		☐ Change ☐ Addition
NAME.	SNEDEKER, RUSSELL U., JR 7295 W MATADOR LANE	ı	1.2 N/-ME		
STREET ADDRESS	HOMOSASSA FL		1.3 SPREED ADDRESS		
CHY ST ZPT	STD	DELETE	14 G-1Y ST ZIP 2 1 T-1LE		Change Addition
NAME	SNEDEKER, LINDA		2 2 NAME		Charge   Xouton
STREET ADDRESS	7295 W MATADOR LANE		23 STREET ADDRESS		
DAY St. Zer	HOMOSASSA FL		2.4 City-St-ZiP		
Total		DELFTE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADJUSESS			3.3 STREET ADDRESS		
C11-\$1-72			3.4 CITY - ST - ZIP		
TELLE		DELETE	4 1 TIFLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY ST ZP			44 City - St. ZiP		
TOTAL		DELETE	5 1 TITLE		Change Addition
NAMî			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
01Y ST-7P		E SELETE	5.4 CITY - ST - ZIP		
)) (E		☐ DELETE	6 1 TITLE		Change Addition
NAMI			6.2 NAME		
ETHER ADDRESS			6.3 STREET ADDRESS		
101x - 5 - 7/2	contribut the information supplied o	with this filme is voluntable for	64 CITY-ST-ZIP	or the exemption stated in Section 119	07/2WA Florida Statistica Literature

rest indexty settly that the information supplies wan this lining is voluntarily furnished and does not quality 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 outly, 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:

hinda Snedeker S/T/O 1/19/96

CR2E034 (12/95)