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

APPROVED AND FILED

95 APR 19 AM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J30972 (0)

1. Corporation Name
PUG'S CO., INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% WILLIAM T. HARRISON, JR. 1550 RINGLING BLVD. SARASOTA FL 34236	% WILLIAM T. HARRISON, JR. 1550 RINGLING BLVD. SARASOTA FL 34236

3. Date Incorporated or Qualified: 08/26/1986
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2717770 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRISON, WILLIAM T., JR. 1550 RINGLING BLVD. SARASOTA FL 34236	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☒ Addition
NAME	HARRISON, WILLIAM T., JR	1.2 NAME	
STREET ADDRESS	1610 N LODGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	34239
TITLE	DS	2.1 TITLE	☐ Change ☒ Addition
NAME	HARRISON, ADELINE	2.2 NAME	
STREET ADDRESS	1610 N. LODGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	34239
TITLE	DT	3.1 TITLE	☐ Change ☒ Addition
NAME	HARRISON, III, WILLIAM T	3.2 NAME	
STREET ADDRESS	2424 WATROUS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	33629
TITLE	DVP	4.1 TITLE	☐ Change ☒ Addition
NAME	HENDRICK, SUSAN H.	4.2 NAME	
STREET ADDRESS	8422 CRESCO LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	32650
TITLE	DVP	5.1 TITLE	☐ Change ☒ Addition
NAME	HARRISON, ROBERT	5.2 NAME	
STREET ADDRESS	1906 PEBBLE BEACH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	34293
TITLE	DVP	6.1 TITLE	☒ Change ☐ Addition
NAME	HARRISON, NANCY C.	6.2 NAME	
STREET ADDRESS	1610 N. LODGE DR.	6.3 STREET ADDRESS	311 24th Street West
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Bradenton, FL 34205

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)(i), 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: William T. Harrison, III WILLIAM T. HARRISON, III 3/12/95 (813) 222-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041837 CP