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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **J31689** **(9)**

1. Corporation Name
BUDY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% PHILIP FOUGEROUSSE 1615 GEORGIA STREET, N.E. PALM BAY FL 32907	% PHILIP FOUGEROUSSE 1615 GEORGIA STREET, N.E. PALM BAY FL 32907-2569

3. Date Incorporated or Qualified: 09/04/1986
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21 2000 PALM BAY Rd
Suite, Apt. #, etc.
22 SUITES 5-6
City & State
23 PALM BAY, FLORIDA
Zip 24 32905 Country 25 U.S.A.

2a. Mailing Address
26 783 KOUTNIK RD. SE
Suite, Apt. #, etc.
27
City & State
28 PALM BAY, FLORIDA
Zip 29 32909 Country 30 U.S.A.

4. FEI Number: 59-2719300 ☐ 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
FOUGEROUSSE, PHILIP
411 PALM SPRINGS BOULEVARD
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent
81 Name: KENNETH J. BINDA, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 1460 BAYTREE DRIVE, NE
83 SUITE 3B
84 City: PALM BAY FL 85 Zip Code: 32905

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] 2-24-97
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WILKS, G. WILLIAM 1615 GEORGIA ST., N.E. PALM BAY FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 783 KOUTNIK RD. SE PALM BAY, FL 32909
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILKS, JUDITH 1615 GEORGIA STREET N.E. PALM BAY FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/P ☒ Change ☐ Addition 783 KOUTNIK RD. SE PALM BAY, FL 32909
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Judith Wilks 3-20-97 401-951-4197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #