

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90013 024 ***150.00

0400878

DOCUMENT # K73721

1. Corporation Name

BUD 'N DEE, INC.

Principal Place of Business

10004 N. DALE MABRY
SUITE 102
TAMPA FL 33618

Mailing Address

10004 N. DALE MABRY
SUITE 102
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1989

4. FEI Number

59-2938554

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

8907 FOX TRAIL

TAMPA FL

33626

9. Name and Address of Current Registered Agent

SCHNEIDER, GERARD M.
10004 N. DALE MABRY
SUITE 102
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

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

8907 FOX TRAIL

83

84 City TAMPA

FL

85 Zip Code 33626

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME SCHNEIDER, GERARD M
STREET ADDRESS 8907 FOX TRAIL
CITY-ST-ZIP TAMPA FL 33626

TITLE PSTD
NAME SCHNEIDER, DELORES M.
STREET ADDRESS 8907 FOX TRAIL
CITY-ST-ZIP TAMPA FL 33626

TITLE D
NAME GOODRICH, KRISTA L
STREET ADDRESS 1570 KEYLAKE DR
CITY-ST-ZIP SUWANEE GA 30174

TITLE D
NAME SCHNEIDER, MICHAEL H
STREET ADDRESS 29633 WEXFORD BLVD
CITY-ST-ZIP NOVA MI 48377

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 2851 AUGUSTA DRIVE
4.4 CITY-ST-ZIP COMMERCE TOWNSHIP MI 48382

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99 813-963-6628

CR2E034 (11/98)