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 JUL -7 AM 10: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K87724 (6)

1. Corporation Name
MIKE KUGLER, INC.

Principal Place of Business	Mailing Address
% WILLIAM H. JOHNSON 8801 9TH ST N ST PETERSBURG FL 33702	% WILLIAM H. JOHNSON 8801 9TH ST N ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0146616 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 Mike Kugler, Inc.	26 Mike Kugler, Inc
Suite, Apt. #, etc. 22 910 Weedon Dr. NE	Suite, Apt. #, etc. 27 910 WEEDON Dr. NE
City & State 23 St. Petersburg Fla	City & State 28 St. Petersburg Fla
Zip 24 33702 County 25 Pinellas	Zip 29 33702 Country 30 Pinellas

9. Name and Address of Current Registered Agent

JOHNSON, WILLIAM H.
8801 9TH ST N
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name: Mike Kugler
82 Street Address (P.O. Box Number is Not Acceptable): 910 Weedon Dr. NE.
83
84 City: St. Petersburg FL 85 Zip Code: 33702

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] 6-30-95
Signature, typed or printed 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KUGLER, MICHAEL B.	1.2 NAME	
STREET ADDRESS	910 WEEDON DRIVE NE	1.3 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KUGLER, DEBORAH	2.2 NAME	
STREET ADDRESS	910 WEEDON DRIVE NE	2.3 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	LW

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)(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 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: Deborah Kugler 6-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0310330 CP