

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
CAROL A. MANNING  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

50 MAY -1 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K94502

(7)

1. Corporation Name

BOUGE ENTERPRISES, INCORPORATED

Principal Place of Business  
5310 SAXON CIRCLE W.  
FT. LAUDERDALE FL 33331

Mailing Address  
5310 SAXON CIRCLE W.  
FT. LAUDERDALE FL 33331

Date of last annual report filed

|                                                                                                                                 |                                |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date of incorporation or charter                                                                                             | 3a. Date of annual report      |
| 06/09/1989                                                                                                                      | 06/03/1994                     |
| 4. FIC Number                                                                                                                   | Applied For                    |
| 65-0123555                                                                                                                      | Not Applicable                 |
| 5. Certificate of Status Number                                                                                                 | \$8.75 Additional Fee Required |
| X                                                                                                                               |                                |
| 6. Election Campaign Financing Trust Fund Contribution                                                                          | \$5.00 May Be Added to Fees    |
| <input type="checkbox"/>                                                                                                        |                                |
| 8. The corporation has not been taxed under S 1361(b)(3) (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ) |                                |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State                      | 26. State           |
| 22. City                       | 27. City            |
| 23. County                     | 28. County          |
| 24. Zip                        | 29. Zip             |
| 25. Zip                        | 30. Zip             |

9. Name and Address of Current Registered Agent

BOUCHOC, GEORGE P.  
5310 SAXON CIRCLE W.  
FT. LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

|                                                        |
|--------------------------------------------------------|
| 81. Name                                               |
| 82. Street Address (P.O. Box Number is Not Applicable) |
| 83. City                                               |
| 84. State                                              |
| 85. Zip Code                                           |

11. I, the undersigned, in preparing of Sections 607 (b)(3) and 607 (b)(4) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above 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 hereby accepting the obligations of Section 607 (b)(3) Florida Statutes.

Signature

Name of person preparing and filing this report

Name of person preparing and filing this report

Date

| 12. OFFICERS AND DIRECTORS |                                                                 | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |                                                                   |
|----------------------------|-----------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME                    | BOUCHOC, GEORGE P.<br>5310 SAXON CIRCLE W.<br>FT. LAUDERDALE FL | 1. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    |                                                                 | 2. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME                    |                                                                 | 3. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME                    |                                                                 | 4. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME                    |                                                                 | 5. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                                                 | 6. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME                    |                                                                 | 7. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME                    |                                                                 | 8. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. NAME                    |                                                                 | 9. NAME                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                                                 | 10. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. NAME                   |                                                                 | 11. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME                   |                                                                 | 12. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. NAME                   |                                                                 | 13. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   |                                                                 | 14. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. NAME                   |                                                                 | 15. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. NAME                   |                                                                 | 16. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. NAME                   |                                                                 | 17. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME                   |                                                                 | 18. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19. NAME                   |                                                                 | 19. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. NAME                   |                                                                 | 20. NAME                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 1361(b)(3) Florida Statutes. I further certify that the information supplied 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. I am hereby accepting the obligations of the undersigned in this report as required by chapter 607 Florida Statutes, and that my signature is hereby accepted by the Department of State.

SIGNATURE:

GEORGE P. BOUCHOC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 305-434-4173

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

DISPROPORTIONATE  
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE  
HALL OF JUDICIAL BUILDING  
TALLAHASSEE, FLORIDA 32301-0001  
TELEPHONE: (904) 493-0001

APPROVED

DOCUMENT # K95398

(9)

G.C. TRUAX, INC.

RECEIVED

FILED

DO NOT WRITE IN THIS SPACE

Principal Office (If Different)  
410 S. 11TH ST  
TAMPA FL 33601-0798  
US

Alternate Address  
P.O. BOX 798  
TAMPA FL 33601-0798  
US

|                                                                                                                                                                 |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date incorporated or chartered<br><b>06/14/1989</b>                                                                                                          | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>59-2952867</b>                                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                    | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                           | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                                                     |                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Office (If Different)<br>21. <b>1726 E. 7TH AVE.</b><br>22. <b>TAMPA, FL.</b><br>23. <b>33605</b><br>24. <b>HILLS.</b> | 2a. Alternate Address<br>26. <b>1726 E. 7TH AVE.</b><br>27. <b>TAMPA, FL.</b><br>28. <b>33605</b><br>29. <b>HILLS.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

## 9. Name and Address of Current Registered Agent

TRUAX, GREG  
110 S. 11TH ST.  
TAMPA FL 33601

## 10. Name and Address of New Registered Agent

|                                                                                |                              |
|--------------------------------------------------------------------------------|------------------------------|
| 81. Name<br><b>GREG TRUAX</b>                                                  | 85. Zip Code<br><b>33605</b> |
| 82. Street Address (P.O. Box Number Not Acceptable)<br><b>1726 E. 7TH AVE.</b> |                              |
| 83. City<br><b>TAMPA</b>                                                       | 84. State<br><b>FL</b>       |

11. Pursuant to the provisions of Sections 607.07(2)(b) 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 607.050, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

| 12. OFFICERS AND DIRECTORS                  |                                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                             |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| 1. NAME<br><b>PD TRUAX, GREG</b>            | 1. NAME<br><b>PD TRUAX, GREG</b>            | 1. NAME<br><b>PD TRUAX, GREG</b>                      | 1. NAME<br><b>PD TRUAX, GREG</b>            |
| 2. STREET ADDRESS<br><b>110 S. 11TH ST.</b> | 2. STREET ADDRESS<br><b>110 S. 11TH ST.</b> | 2. STREET ADDRESS<br><b>110 S. 11TH ST.</b>           | 2. STREET ADDRESS<br><b>110 S. 11TH ST.</b> |
| 3. CITY<br><b>TAMPA</b>                     | 3. CITY<br><b>TAMPA</b>                     | 3. CITY<br><b>TAMPA</b>                               | 3. CITY<br><b>TAMPA</b>                     |
| 4. STATE<br><b>FL</b>                       | 4. STATE<br><b>FL</b>                       | 4. STATE<br><b>FL</b>                                 | 4. STATE<br><b>FL</b>                       |
| 5. ZIP CODE<br><b>33605</b>                 | 5. ZIP CODE<br><b>33605</b>                 | 5. ZIP CODE<br><b>33605</b>                           | 5. ZIP CODE<br><b>33605</b>                 |
| 6. NAME                                     | 6. NAME                                     | 6. NAME                                               | 6. NAME                                     |
| 7. STREET ADDRESS                           | 7. STREET ADDRESS                           | 7. STREET ADDRESS                                     | 7. STREET ADDRESS                           |
| 8. CITY                                     | 8. CITY                                     | 8. CITY                                               | 8. CITY                                     |
| 9. STATE                                    | 9. STATE                                    | 9. STATE                                              | 9. STATE                                    |
| 10. ZIP CODE                                | 10. ZIP CODE                                | 10. ZIP CODE                                          | 10. ZIP CODE                                |
| 11. NAME                                    | 11. NAME                                    | 11. NAME                                              | 11. NAME                                    |
| 12. STREET ADDRESS                          | 12. STREET ADDRESS                          | 12. STREET ADDRESS                                    | 12. STREET ADDRESS                          |
| 13. CITY                                    | 13. CITY                                    | 13. CITY                                              | 13. CITY                                    |
| 14. STATE                                   | 14. STATE                                   | 14. STATE                                             | 14. STATE                                   |
| 15. ZIP CODE                                | 15. ZIP CODE                                | 15. ZIP CODE                                          | 15. ZIP CODE                                |

14. I, the undersigned, certify that the information furnished with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.07(2)(b), Florida Statutes. I further certify that the information furnished with this filing is accurate and complete 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 liquidator designated to receive or liquidate this corporation, as required by Chapter 607, Florida Statutes, and that my signature appears in Block 1, or Block 1, of this filing, or on an alternate filing with an affidavit.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG TRUAX

4-28-95 813-248-1887

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norment  
Secretary of State  
Division of Corporations

APPROVED  
1995

95 MAY 1 11 10 33

RECEIVED  
TALLAHASSEE, FLORIDA

**DOCUMENT # K96150 (3)**  
To: Corporation Name  
**HAMMOND ENTERPRISES OF BREVARD, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% EDWARD L. HAMMOND  
300 CLEARLAKE RD  
COCOA FL 32922**  
Mailing Address: **% EDWARD L. HAMMOND  
300 CLEARLAKE RD  
COCOA FL 32922**

3. Date incorporated or organized: **05/08/1989** 36. Date of Last Report: **06/20/1994**  
4. FFI Number: **65-0133682** 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. 190.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: **21** 26. Mailing Address: **26**  
State, Apt. #, etc.: **22** State, Apt. #, etc.: **27**  
City & State: **23** City & State: **28**  
Zip: **24** County: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**HAMMOND, EDWARD L.  
300 CLEARLAKE RD  
COCOA FL 32922**

10. Name and Address of New Registered Agent  
81. Name:   
82. Street Address (P.O. Box Number is Not Acceptable):   
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84. City: **FL** 85. Zip Code:   
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