FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **K94502** **(7)**

1. Corporate Name

BOUGE ENTERPRISES, INCORPORATED

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

3. Date Incorporated or Qualified: 06/09/1989
3a. Date of Last Report: 06/03/1994
4. FEI Number: 65-0123555 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business — 2a. Mailing Address (fields 21–30 blank)

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 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:

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOUCHOC, GEORGE P.
STREET ADDRESS	5310 SAXON CIRCLE W.
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition (blank entries)

14. I 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: GEORGE P. BOUCHOC [signature] 4/28/95 305-434-4173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0236433 CP

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CORPORATION ANNUAL REPORT
1995

APPROVED

DO NOT WRITE IN THIS SPACE

DOCUMENT # **K95398** **(9)**

1. Corporate Name
G.C. TRUAX, INC.

Principal Office Address	Mailing Address
~~110 S. 11TH ST~~ TAMPA FL 33601-0798 US	~~P. O. BOX 798~~ ~~TAMPA FL 33601~~-0798 US

3. Date Incorporated or Qualified: 06/14/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2952867	☐ 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 Office	2a. Mailing Address
21 1726 E. 7th Ave.	26 1726 E. 7th Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL.	28 City & State: Tampa, FL.
24 Zip: 33605 · 25 County: Hills.	29 Zip: 33605 · 30 County: Hills.

9. Name and Address of Current Registered Agent

TRUAK, GREG
~~110 S. 11TH ST.~~
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name: Greg Truax
82 Street Address (P.O. Box Number Is Not Acceptable): 1726 E. 7th Ave.
83
84 City: Tampa FL 85 Zip Code: 33605

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 _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	PD ☒ Change ☐ Addition
NAME	TRUAX, GREG	1 NAME	Truax, Greg
STREET ADDRESS	110 S. 11TH ST.	1 STREET ADDRESS	1726 E. 7th Ave.
CITY-ST-ZIP	TAMPA FL	1 CITY-ST-ZIP	Tampa, FL. 33605
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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 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: [signature] 4-28-95 813-248-1887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #
Greg Truax

0442215 FP

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

AMENDED
FILED
95 MAY -1 ...
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # K96150 (3)

1. Corporate Name

HAMMOND ENTERPRISES OF BREVARD, INC.

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

3. Date Incorporated or Qualified: 05/08/1989
3a. Date of Last Report: 06/20/1994

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

4. FEI 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAMMOND, EDWARD L. 300 CLEARLAKE RD COCOA FL 32922	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, EDWARD L.	12 NAME	
STREET ADDRESS	2481 BONNY DR	13 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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: Edward L. Hammond President 4/30/95 407-636-3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
EDWARD L. HAMMOND PRESIDENT

0067969 CP