

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L57491 (7)**

1. Corporation Name

**BRAD HUGUS & ASSOCIATES INC.**



Principal Place of Business

**C/O BRAD HUGUS  
1100 CLEVELAND ST SUITE 918  
CLEARWATER FL 34615**

Mailing Address

**1100 CLEVELAND ST  
SUITE 900  
CLEARWATER FL 34615  
US**

2. Principal Place of Business

**21 18548 US 19 NORTH**

Suite, Apt. #, etc.

**22**

**23 CLEARWATER, FL**

**24 34624-1721**

Country

2a. Mailing Address

**26 18548 US 19 NORTH**

Suite, Apt. #, etc.

**27**

**28 CLEARWATER, FL**

**29 34624**

Country

3. Date Incorporated or Qualified

**03/12/1990**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2994880**

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

**HUGUS, BRAD  
1603 SPOTTSWOOD CIRCLE  
PALM HARBOR FL 34683**

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

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 NAME ☐ DELETE

**P  
HUGUS, BRAD  
1603 SPOTTSWOOD CIR.  
PALM HARBOR FL 34683**

TITLE NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRAD P. HUGUS**

**2-15-96 (813) 535-8900**

Date

Daytime Phone #

CR2E034 (12/95)