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 APR -6 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # **L61992** **(8)**

1. Corporation Name
HAUSYS', INC.

Principal Place of Business	Mailing Address
556 KINGSLEY AVE. ORANGE PARK FL 32073	556 KINGSLEY AVE. ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/28/1990**
3a. Date of Last Report: **05/09/1994**

2. Principal Place of Business	2a. Mailing Address
21 9507 Ocean Shore Dr.	26 9507 Ocean Shore Dr.
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Marineland FL	City & State 28 Marineland FL
Zip / Country 24 32086-9602 25 Flagler	Zip / Country 29 32086-9602 30 Flagler

4. FEI Number: **59-3002534** ☐ 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

HAUSY, AIMEE JO
556 KINGSLEY AVE.
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9507 Ocean Shore Dr.
83
84 City: Marineland **FL** 85 Zip Code: 32086-9602

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☒ Addition
NAME	HAUSY, WILFRIED	12 NAME	
STREET ADDRESS	156 TURTLE COVE CT.	13 STREET ADDRESS	
CITY ST ZIP	S PONTE VEDRA BCH FL	14 CITY ST ZIP	Zip = 32082
TITLE	PST	21 TITLE	☐ Change ☒ Addition
NAME	HAUSY, AIMEE JO	22 NAME	
STREET ADDRESS	156 TURTLE COVE CT.	23 STREET ADDRESS	
CITY ST ZIP	S PONTE VEDRA BCH FL	24 CITY ST ZIP	Zip = 32082
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 ☐ Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

4/10

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)(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: Aimee Jo Hausy Aimee Jo Hausy 03-31-95 (904) 471-1234
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0004197 CP