## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

| HUSSEM  | ANN THUCKING, INC.             |  |         |   |   |                                  |  |
|---|--------------------------------|--|---------|---|---|----------------------------------|--|
| Principal Place of Business                     |                                | Mailing Address                                    |         | -{ I INDULATI BIR BAIDD 11416 21048 DISIN 3084 BADII BADIA BADIA DADIA DADIA DADIA ABBI |   |                                  |  |
| 9032 RIDGE VAL<br>VALRICO FL 335<br>US          |                                | 3032 RIDGE VALE CIR<br>VALRICO FL 33594-3649<br>US |         | DO NOT WRITE IN THIS SPACE  |   |                                  |  |
| 00  |                                |  |         | 3, Date Incorporated or Qualified 03/31/1990  |   |                                  |  |
| 2. Principal Place of Business                  |                                | 2a. Mailing Address                                |         | 4. FEI Number   | Applied For   |                                  |  |
| 21  |                                | 26   |         | 59-3002427  | Not Applicable  |                                  |  |
| Suite, Apt. #, etc.                             |                                | Suite, Apt. #, etc.                                |         | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required   |                                  |  |
| City & State                                    |                                | City & State                                       |         |   | 6. Election Campaign Financing Trust Fund Contribution                              | \$5.00 May Be<br>Added to Fees   |  |
| Zıp<br>24                                       | Country<br>25                  | Zip 30   | Country | ,   | 8. This corporation owes or has paid the curr<br>Personal Property Tax due June 30. | rent year Intangible<br>Yes 🔲 No |  |
| g. Name and Address of Current Registered Agent |                                |  |         |   | 10. Name and Address of New Registered Agent  |                                  |  |
| HUSSEMANN, RICHARD J                            |                                |  |         | Name  |   |                                  |  |
|   | RIDGE VALE CIR<br>NCO FL 33594 |  | 82      | Street Address (P.O. Box Number is Not Acceptable)                                      |   |                                  |  |
| TACI  | 10012 00007                    |  | 63      |   |   |                                  |  |
|   |                                |  | 84      | City  | FL  | 85 Zip Code                      |  |

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       |                         |                                      | red when reinstaling) DATE                        |
|-----------------|-------------------------|--------------------------------------|---|
|                 |                         | OTE Registered Agent signature requi |   |
| _12.            | OFFICERS AND DIRECTORS  | 13.                                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE           | PD DELETE               | 1.1 TITLE                            | Change Addition                                   |
| NAME            | Hussemann, Richard J    | 1.2 NAME                             |   |
| STREET ADDRESS  | 3032 RIDGE VALE CIR     | 1.3 STREET ADORESS                   |   |
| CITY - ST - ZIP | VALRICO FL 33594 - 5649 | 1.4 CITY-ST-ZIP                      |   |
| TITLE           | ☐ DELETE                | 2 1 TITLE                            | Change Addition                                   |
| NAME            |                         | 2.2 NAME                             |   |
| STREET ADDRESS  |                         | 2.3 STREET ADDRESS                   |   |
| CITY-ST-ZIP     |                         | 2.4 CITY-ST-ZIP                      |   |
| TITLE           | ☐ DELETE                | 3 1 TITLE                            | Change Addition                                   |
| NAME            |                         | 3.2 NAME                             |   |
| STREET ADDRESS  |                         | 3.3 STREET ADDRESS                   |   |
| CITY-ST-ZIP     |                         | 3.4. CITY-ST-ZIP                     |   |
| TITLE           | DELETE                  | 4.1 TITLE                            | ☐ Change ☐ Addition                               |
| NAME            |                         | 4. 2 NAME                            |   |
| STREET ADDRESS  |                         | 4.3 STREET ADDRESS                   |   |
| CITY-ST-ZIP     |                         | 4.4 CITY - ST - ZIP                  |   |
| TITLE           | ☐ DELETE                | 5.1 TITLE                            | Change Addition                                   |
| NAME            |                         | 5.2 NAME                             |   |
| STREET ADDRESS  |                         | 5.3 STREET ADDRESS                   |   |
| CITY - ST - ZIP |                         | 5.4 CITY-ST-ZIP                      |   |
| TITLE           | DELETE                  | 6.1 TITLE                            | Change Addition                                   |
| NAME            |                         | 6.2 NAME                             |   |
| STREET ADDRESS  |                         | 6.3 STREET ADDRESS                   |   |

CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing 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.

4-10-98

(813) 661 0882

**FILED** 

Apr 16 1998 8:00am

Secretary of State