FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M07890** **(0)**

1. Corporate Name

HODGSON'S HURRICANES, INC.

Principal Place of Business:
C/O CHARLES PRIDE HODGSON
9440 S.W. 54TH ST.
MIAMI FL 33165

Mailing Address:
C/O CHARLES PRIDE HODGSON
9440 S.W. 54TH ST.
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1984
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2465507 — 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. X Yes / No

2. Principal Place of Business:
21 970 Wren Avenue
22 Suite, Apt. # etc.:
23 City & State: Miami Springs, FL
24 Zip: 33166
25 County: Dade

2a. Mailing Address:
26 PO Box 69
27 Suite, Apt. # etc.:
28 City & State: North Sullivan, ME
29 Zip: 04664
30 County: Hancock

9. Name and Address of Current Registered Agent

HODGSON, CHARLES PRIDE
9440 S.W. 54TH ST.
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: HODGSON, CHARLES PRIDE
82 Street Address (P.O. Box Number is Not Acceptable): 970 WREN AVENUE
83
84 City: MIAMI SPRINGS FL 85 Zip Code: 33166

11. [illegible statement regarding change of registered office/agent, Florida Statutes]

SIGNATURE: Charles Pride Hodgson 5-2-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	X Delete / Addition
NAME	HODGSON, CHARLES PRIDE	NAME	
STREET ADDRESS	9440 S.W. 54TH ST.	STREET ADDRESS	970 WREN AVENUE
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	STD	TITLE	X Delete / Addition
NAME	RICHARDS HODGSON, AMY	NAME	
STREET ADDRESS	9440 S.W. 54TH ST.	STREET ADDRESS	970 WREN AVENUE
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE		TITLE	Delete / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Delete / Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Delete / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntary, furnished and done ... [illegible fine print] ... with an address.

SIGNATURE: Charles Pride Hodgson — 5-2-95 — 305-887-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0177097 CP