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PROFIT CORPORATION ANNUAL REPORT

1997



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FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M77849

(1)

HUGGINS ENTERPRISES, INCORPORATED

Principal Disc	a of Business		R.A.s.ies	a Address	· · · · · · · · · · · · · · · · · · ·							
Principal Place of Business ** THOMAS EDWARD HUGGINS		Mailing Address * THOMAS EDWARD HUGGINS ROUTE 3 BOX 1860				. 19512011 111 (851)	· · · · · · · · · · · · · · · · · · ·	dis 41841 B	·=+: 4:4!(#15!	. Billi 1861		
ROUTE 3 BOX 1960 STARK FL 32091												
			SIARK	FL 32091-9358				3. Date Incorpora 04/25/1988	ted or Qualified	1	te of Last 80/1996	Report
2. Principal P	iace of Business		2a. Ma	iling Address				4. FEI Number		_ 		pplied For
21			26					59-288289	2		, i	lot Applicable
Suite, Apt	#, etc.		h y	ite. Apt. #, etc.				5. Certificate of St	atus Desired			Additional
City & State			27 Cit	y & State			·····	6 Flootion Compa	i Financina			lequired
23			28	,				6. Election Campa Trust Fund Con				May Be to Fees
Zip	[(ountry	Zıp)	Co	ountry		8. This corporation	***************************************			
24	25		29		30			Florida Statutes		Yes [
		ddress of Currer	nt Registere	d Agent				10. Name and Add	iress of New Reg	istered /	\gent	
	igins, thomas	EDWARD				81	Name					
ROU						82	Street Add	dress (P.O. Box Number	is Not Acceptabl	le)		***************************************
	. 1860 DVF 51 - 00004					83						
SIA	RKE FL 32091					"						
						84	City			FL	85 Zip	Code
11. Pursuant	to the provisions o	Sections 607.057	12 and 607 1	508. Elorida St	atutes the	above:	named cor	poration submits this st	atement for the or		changing	ite registered
Office of r	egistered agent, o m lamikar with, an	r hoth in the State	⊬OLEIO∂ida S	such channa w	ae authoriz	ad hu	the cornors	ation's board of director	s. I hereby accep	t the appo	ointment a	s registered
agentra	ni iamear wilii, an	a accebi me dond	arons or, se	CUCU. NUC TICIDS	, Piorida St	atutes.						
	Signature type din prod	સામાના કે પ્રમુહ અન્દ્રી કર્યુ	en is dittleid app	ing stop (NOTE flugisler	red Agen	l signature requ	ured whon reinstating)		DATE		
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