

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002044 (1)

1. Corporation Name

HUGER B.A.D.D., INC

Principal Place of Business

Mailing Address

677 CARIBBEAN ROAD
SATELLITE BEACH, FLORIDA 32937 4088



589586-90012-50

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	5. Certificate of Status Desired	Not Applicable
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
24	Country	29	Country	7. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUNE HARTMANN
677 CARIBBEAN ROAD
SATELLITE BEACH, FLORIDA 32937 4088

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, Agent or Person named in registered report and file if applicable. (NOTE: Registered Agent signature required when representing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	Change Addition
NAME	JUNE HARTMANN	1.2 NAME	
STREET ADDRESS	677 CARIBBEAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH, FLORIDA 32937 4088	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	Change Addition
NAME	SALLY FRAGG	2.2 NAME	
STREET ADDRESS	211 ELLIOT STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BATH, ALA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	Change Addition
NAME	ED KADUEHY	3.2 NAME	
STREET ADDRESS	1000 BETHUNE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32207	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	Change Addition
NAME	DOWNY LEAR	4.2 NAME	
STREET ADDRESS	1000 BETHUNE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32207	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	Change Addition
NAME	BRUCE WATERS	5.2 NAME	
STREET ADDRESS	1934 COAST TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FLORIDA 32932	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Small Lew Treasurer 4-30-98 (40)ms 609