## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1006

DOCUN	MENT # P3764 PUGSLEY'S JOURNAL, INC	0 (0)						
Principal Place of Business 100 DRIFTWOOD LANE LARGO FL 34640		Mailing Address 100 DRIFTWOOD LANE LARGO FL 34640						
					3. Date Incorporated or Qualified 02/25/1992	3a. Date of La 03/23		
2. Principal Place of Business 2a.		2a. Mailing Address	ר "		4. FEI Number 59-3068115	Applied For Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		Zip	<u> </u>		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
4	g. Name and Address of Currer		1		10. Name and Address of New I		l	
			81	Name				
KEPHART, ROBERT D. 100 DRIFTWOOD LANE			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
	FL 34640		83					
			84	City		FL 85	Zip Code	
familiar with SIGNATURE _	n, and accept the obligations of, Sec Syndam typed cripmon name of registered agen	lion 607.0505, Florida Statutes.	E Registered Ager		rd of directors. I hereby accept the app d when reinstating: ADDITIONS/CHANGES TO OFF	DATE		
TILLE	DCP	☐ DELETE	1. 1 TITLE			☐ Cha	inge 🔲 Addition	
NAM?	KEPHART, ROBERT D.		1.2 NAME					
STREET ADDRESS	100 DRIFTWOOD LANE		1.3 STREET ADDRESS					
DHY-SI-76	LARGO FL		1.4 CITY - S	T - 21P				
T TLF	D	DELETE	2 1 TITLE			☐ Cha	ange 🔲 Addition	
NAME	KEPHART, JANET							
STREET ADDRESS	LABOOF		2 3 STREET	- 1				
DITY SC-ZIP DILE			2 4 CITY - S 3 1 TITLE	or-zip		☐ Cha	ange   Addition	
NAME	KEPHART, JANET		3 2 NAME			_	-	
STHEET ADDRESS	100 DRIFTWOOD LANE		33 STREE	T ADDRESS				
CITY - ST - ZIP	LARGO FL		3.4 CHTY - 9	iT-ZIP				
lif, f		☐ DELĒTE	4 1 TITLE			☐ Chi	ange [] Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET					
CHY-ST-ZIF THE		DELETE	4.4 CITY - ST-ZIP 5.1 TILLE			Ch:	ange	
MAM:			5 2 NAME				<del>-</del>	
STREET ADDRESS			5 3 STREET	ADDRESS				
C-TY-ST-Z.F			5.4 CITY - 5	ST - ZIP			<u> </u>	
TITLE		DELETE	6 1 TITLE			☐ Ch	ange 🔲 Addition	
NAME			6 2 NAME					
STHEE! ADDRESS			6 3 STREET	1				
CHY-ST-ZIP	and it, that the information are all a	with this filing is valuatority fund	64 BiTY-5		for the exemption stated in Section 119	07/3/W Florida	Statutes I further	
certify that	the information indicated on this and	iual report or supplemental annu oration or the receiver or truster	ual report is tre a empowered	ie and accura	ate and that my signature shall have the is report as required by Chapter 607, f	a same legal effec	t as it made under	

SIGNATURE:

CR2E034 (12/95)