FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065283 (2)

1. Corporation Name

MUD HUT, INC.

Principal Place of Business	Mailing Address
5107 W IDLEWILD AVE SUITE A TAMPA FL 33634	5107 W IDLEWILD AVE SUITE A TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5456 CRENSHAW ST	26 5456 CRENSHAW ST
Suite, Apt #, etc: 22 SUITE B	Suite, Apt #, etc: 27 SUITE B
City & State: 23 TAMPA, FL	City & State: 28 TAMPA, FL
Zip: 24 33634 / Country: 25	Zip: 29 33634 / Country: 30

3. Date Incorporated or Qualified: **09/15/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3203168** — ☐ 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 ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARD, YVONNE V 8639 N. HIMES AVE APT. 3022 TAMPA FL 33614	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 701 BRANTENBURG WAY 83 84 City: LUTZ FL 85 Zip Code: 33549

11. 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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	WARD, YVONNE V	12 NAME	
STREET ADDRESS	8639 N. HIMES AVE., APT. 3022	13 STREET ADDRESS	701 BRANTENBURG WAY
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	LUTZ, FL 33549
TITLE	DS	21 TITLE	☑ Change ☐ Addition
NAME	GAROFALO, RICHARD G	22 NAME	
STREET ADDRESS	8649 N. HIMES AVE., APT. 714	23 STREET ADDRESS	701 BRANTENBURG WAY
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	LUTZ, FL 33549
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/1/95 Daytime Phone #: 813-887-3645

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