

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 PH 3: 43

**DOCUMENT # P93000079627 (4)**

1. Corporation Name

**BUSHWHACKER ENTERPRISES OF PINELLAS COUNTY, INC.**

Principal Place of Business

Mailing Address

SUITE 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST. PETERSBURG FL 33702

SUITE 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/18/1993** 3a. Date of Last Report **03/10/1994**

4. FBI Number **59-3211861** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASCARA, ERNEST L**  
**SUITE 303**  
**877 EXECUTIVE CENTER DRIVE WEST**  
**ST. PETERSBURG FL 33702**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

*Ernest L. Mascara*

**ERNEST L. MASCARA**

**3-21-95**

Signature typed or printed name of registered agent and date of registration

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PTD</b>
NAME	<b>WICKENS, BRIAN T</b>
STREET ADDRESS	<b>19106 GULF BOULEVARD, #401</b>
CITY - ST - ZIP	<b>INDIAN SHORES FL 34635</b>
TITLE	<b>VSD</b>
NAME	<b>MILLER, ROBERT J</b>
STREET ADDRESS	<b>13922 OAK FOREST BLVD. N.</b>
CITY - ST - ZIP	<b>SEMINOLE FL 34635</b>
TITLE	<b>D</b>
NAME	<b>LODER, MATTHEW</b>
STREET ADDRESS	<b>409 GULF BLVD.</b>
CITY - ST - ZIP	<b>INDIAN ROCKS BEACH FL 34635</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment, with an address.

SIGNATURE:

*Brian T. Wickens*  
**BRIAN T. WICKENS**

**3-1-95** **813-593-0541**