

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000081599 (1)

1. Corporation Name

HOG HOUSE LEATHER, INC.

FILED

1995 AUG -1 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business
 2606 NORTH ARMENTA AVENUE
 TAMPA FL 33607

Mailing Address
 4040 W. KENNEDY BLVD.
 SUITE 606
 TAMPA FL 33609
 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

11/22/1993

07/12/1994

4. FEI Number

Applied For

59-3213007

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. 195.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANOUFF, WILLIAM
 4040 WEST KENNEDY BLVD.
 STE. 606
 TAMPA FL 33609

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
 NAME KANOUFF, WILLIAM
 STREET ADDRESS 4040 WEST KENNEDY BLVD. STE. 606
 CITY- ST- ZIP TAMPA FL 33609

1 1 TITLE ☒ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS 4048 W. Kennedy Blvd suite 606
 14 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

2 1 TITLE ☐ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

3 1 TITLE ☐ Change ☐ Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

4 1 TITLE ☐ Change ☐ Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

5 1 TITLE ☐ Change ☐ Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

6 1 TITLE ☐ Change ☐ Addition
 62 NAME
 63 STREET ADDRESS
 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William Kanouff President

7/24/95

813 254-7294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR