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

CORPORATION ANNUAL REPORT

1995 6-19-95 B-T363

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 3:22

DOCUMENT # P93000087368 (5)

1. Corporation Name
HEDGEHUNTER SERVICES INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6129 DEAN DAIRY ROAD<br>ZEPHYRHILLS FL 33541 | P.O. BOX 19<br>ZEPHYRHILLS FL 33539 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-3218868 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AURLE, ROBERT J
4841 16TH STREET
ZEPHYRHILLS FL 33539

10. Name and Address of New Registered Agent

81 Name: Gregory Powles
82 Street Address (P.O. Box Number is Not Acceptable): 13421 N. Florida Ave Suite B-122
83
84 City: Tampa FL 85 Zip Code: 33612

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: Gregory Powles 6-6-95
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 | CEO | 1.1 TITLE | PRESIDENT | ☑ Change ☐ Addition |
| NAME | AURLE, BRYAN T | 1.2 NAME | AURLE, BRYAN T. | |
| STREET ADDRESS | 6129 DEAN DAIRY ROAD | 1.3 STREET ADDRESS | 6129 DEAN DAIRY RD. | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | 1.4 CITY-ST-ZIP | ZEPHYRHILLS, FL. 33541 | |
| TITLE | ~~S~~ | 2.1 TITLE | SEC/TREE. | ☐ Change ☑ Addition |
| NAME | AURLE, ROBERT | 2.2 NAME | LISA BACCALY | |
| STREET ADDRESS | 4841 16TH STREET | 2.3 STREET ADDRESS | 6129 DEAN DAIRY RD. | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | 2.4 CITY-ST-ZIP | ZEPHYRHILLS, FL. 33541 | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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 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)(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: Lisa Baccala Sec/Treo. 6/10/95 8137321919
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0440827 FP