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## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT #  1. Corporation Name | P93000087368 |
|---------------------------------|--------------|
| HEDGEHUNTER SE                  | RVICES INC.  |

## FILED Aug 31, 1999 8:00 am Secretary of State

08-31-1999 90002 006 \*\*\*550.00



| Principal Place   | of Business   | Mailing Address   |  |   |  |             |                             |               |                |
|---|---|---|--|---|--|-------------|-----------------------------|---------------|----------------|
| 6129 DEAN DAIRY ROAD P.O. BOX 19  |   |   |  |   |  |             |                             |               |                |
| ZEPHYRHILLS   |   | ZEPHYRHILLS FL 33539  |  |   |  |             |                             |               |                |
|   |   |   |  |   | DO NOT WRITE   | IN THIS S   | PACE                        |               |                |
|   |   |   |  |   | 3. Date Incorporated or Qualified                    |             |                             |               | }              |
|   |   |   |  |   | 12/21/1993   |             |                             |               |                |
| 2. Principal Place of Business 2a. Mailing Address  |   |   |  |   | 4. FEI Number  |             |                             | Applied For   |                |
| 21 26   |   |   |  |   | 59-3218868   |             |                             | Not Applica   | ble            |
|   | Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |  |   |  |             |                             | Additiona     |                |
|   |   |   |  |   | 5. Certificate of Status Desired                     |             | -                           | Required      | '              |
| 22 27 27 27 27 27 27 27 27 27 27 27 27 2  |   |   |  |   |  |             |                             |               |                |
| City & State  |   | City & State  |  |   | 6. Election Campaign Financing                       | $\Box$      |                             | May Be        | 1              |
| 23  | 28  |   |  | <del> </del>  | Trust Fund Contribution                              |             | Aude                        | 1101-663      | _              |
| Zip   | Country   | Zip   | Coun   | try   | 8. This corporation owes the current                 | nt year     | ا با                        | ¬             |                |
| 24  | 25 29 30  |   | 30   | <del></del>   | Intangible Personal Property.                        |             | Yes                         | N <u>o</u>    |                |
|   | 9. Name and Address of Current  | Registered Agent  |  | <del></del>   | 10. Name and Address of New Re                       | gistered A  | gent                        |               |                |
|   |   |   | 18   | 31 Name   |  |             |                             |               |                |
| AUF   | RIE, BRYAN T  |   | ١.   | 32 Street Add   | dress (P.O. Box Number is Not Acceptab               | اما         |                             |               |                |
| 612   | 9 DEAN DAIRY ROAD   |   | 1,   | Sileer Auc  | uress (F.O. box Number is Not Acceptab               | 101         |                             |               | Ì              |
| ZEP   | HYRHILLS FL 33541   |   | 1  | 33  |  |             |                             |               |                |
| 1   |   |   |  |   |  |             |                             |               |                |
|   |   |   | 1  | 4 City  | · · · · · · · · · · · · · · · · · · ·                | <b>F</b> ,  | 85 Zij                      | Code          |                |
|   |   |   |  |   |  | FL          |                             |               |                |
| 11. Pursuant  | to the provisions of sections 607.0502  | and 607.1508, Florida Statute                                   | s, the abov  | e-named corp  | oration submits this statement for the pur           | pose of cha | nging its                   | registered    |                |
| office or r   | registered agent, or both, in the State o<br>im familiar with, and accept the obligat | of Florida, Such change was a<br>tions of section 607 0505. Flo | sutnonzed<br>orida Statut  | by the corporaties  | tion's board of directors. I hereby accept           | те арроин   | ment as                     | egistered     | Ì              |
|   | itt lattillat with, and accept the obliga-  | 10113 01, 3000011 001.0000, 110                                 | ina otato  | .00.  |  |             |                             |               | ì              |
| SIGNATURE .   |   |   |  |   |  |             |                             |               |                |
|   |   |   |  | d Agent signature re  | equired when reinstating)                            | DATE        |                             |               |                |
|   |   |   |  | d Agent signature re  | equired when reinstating)  ADDITIONS/CHANGES TO OFFI |             | DIRECT                      | ORS IN 12     | <u></u>        |
| 12.   | OFFICERS AND  | DIRECTORS   | 13.  |   | aquired when reinstating)  ADDITIONS/CHANGES TO OFFI |             |                             | $\overline{}$ | (2/99)         |
| 12.   | OFFICERS AND  |   | 13.<br>1.1 TITU  | E   | <u> </u>   |             | DIRECT                      | $\overline{}$ | tion 54 (5/99) |
| 12.   | OFFICERS AND<br>PST<br>AURIE, BRYAN T   | DIRECTORS   | 13.<br>1.1 TITL<br>1.2 NAM   | E<br>E  | <u> </u>   |             |                             | $\overline{}$ | og (5/99)      |
| 12.   | PST<br>AURIE, BRYAN T<br>6129 DEAN DAIRY ROAD   | DIRECTORS   | 13.<br>1.1 TITL<br>1.2 NAM   | E   | <u> </u>   |             |                             | $\overline{}$ | g              |
| 12. TITLE NAME  | OFFICERS AND<br>PST<br>AURIE, BRYAN T   | DIRECTORS   | 13.<br>1.1 TITL<br>1.2 NAM   | E<br>EET ADDRESS  | <u> </u>   |             |                             | $\overline{}$ | - 10           |
| 12. TITLE NAME STREET ADDRESS   | PST<br>AURIE, BRYAN T<br>6129 DEAN DAIRY ROAD   | DIRECTORS   | 13.<br>1.1 TITU<br>1.2 NAM<br>1.3 STRE   | E<br>EET ADDRESS  | <u> </u>   |             |                             | Addi          |                |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PST<br>AURIE, BRYAN T<br>6129 DEAN DAIRY ROAD   | D DIRECTORS  DELETE   | 13.<br>1.1 TITU<br>1.2 NAM<br>1.3 STRE<br>1.4 CITY   | E<br>EET ADDRESS<br>-ST-ZIP   | <u> </u>   |             | Change                      | Addi          |                |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | PST<br>AURIE, BRYAN T<br>6129 DEAN DAIRY ROAD   | D DIRECTORS  DELETE   | 13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM   | E<br>EET ADDRESS<br>-ST-ZIP   | <u> </u>   |             | Change                      | Addi          |                |
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| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | PST<br>AURIE, BRYAN T<br>6129 DEAN DAIRY ROAD   | D DIRECTORS  DELETE  DELETE                                     | 13. 1.1 TITLL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1-TITL 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL  | E E E E E E E E E E E E E E E E E E E   | <u> </u>   | CERS AND    | Change Change               | Addi          | tion           |
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| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | PST<br>AURIE, BRYAN T<br>6129 DEAN DAIRY ROAD   | DELETE  DELETE  DELETE  DELETE                                  | 13. 1.1 TITLL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITL 6.2 NAM 6.3 STRE  | E E E E E E E E E E E E E E E E E E E   | <u> </u>   | CERS AND    | Change Change Change        | Addi          | tion           |
| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | PST AURIE, BRYAN T 6129 DEAN DAIRY ROAD ZEPHYRHILLS FL                                | DELETE  DELETE  DELETE  DELETE  DELETE                          | 13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 HTLL 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITL 6.2 NAM 6.3 STRE 6.4 CITY 6.1 TITL 6.2 NAM 6.3 STRE 6.4 CITY 6.1 TITL 6.2 NAM 6.3 STRE 6.4 CITY 6.4 CITY 6.4 CITY 6.5 CITY 6.7 CITY 6.7 CITY 6.7 CITY 6.8 CITY 6.9 CITY 6.9 CITY 6.1 TITL 6.2 NAM 6.3 STRE 6.4 CITY 6.4 CITY 6.4 CITY 6.5 CITY 6.7 CITY | E E E E E E E E E E E E E E E E E E E   | <u> </u>   | CERS AND    | Change Change Change Change | Addi          | tion           |

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 eddress.

SIGNATURE: