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04-30-1999 90173 005 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000004599**

1. Corporation Name
STU'S CUT, INC.

Principal Place of Business	Mailing Address
~~14034 LEMON VALLEY PLACE~~ ~~TAMPA FL 33625~~	14034 LEMON VALLEY PLACE TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19304 Eastbrook Dr	2a. Mailing Address 26 19304 Eastbrook Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Odessa, FL	City & State 28 Odessa, FL
Zip / Country 24 33556 25	Zip / Country 29 33556 30

3. Date Incorporated or Qualifed: 01/10/1994

4. FEI Number: 59-3220957 ☐ Applied For ☐ Not Applicable

5. *Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAILEY, STUART F ~~14034 LEMON VALLEY PLACE~~ ~~TAMPA FL 33625~~	81 Name: Bailey, Stuart F. 82 Street Address (P.O. Box Number is Not Acceptable): 19304 Eastbrook Dr 83 84 City: Odessa FL 85 Zip Code: 33556

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: Stuart F. Bailey — 1/30/99
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST BAILEY, STUART F ~~14034 LEMON VALLEY PLACE~~ ~~TAMPA FL 33625~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PVST Bailey, Stuart F 19304 Eastbrook Dr Odessa, FL 33556	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, STUART F ~~14034 LEMON VALLEY PLACE~~ ~~TAMPA FL 33625~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Bailey, Stuart F 19304 Eastbrook Dr Odessa, FL 33556	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Stuart F. Bailey SIGNATURE REQUIRED — 1/30/99 — 813-920-3534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #