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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000119428 (9)

| i. Corporation | MENT # P9400 Y BUGER, INC. | 0019428 (9 |) | | | | 1 86 444 8112 2 11 8 18 1 | (E)AN BERKA NABEN JANU ARAN | |
|---|---|--|---|---|---------------------------------|--|--|---|--|
| Delegate of Disease | A Paralara | | | | | | | | |
| Principal Place of Business | | Mailing Address | | | | | | | |
| 966 MCFARLAN FT WALTON BEACH FL 32547 | | 966 MCFARLAN FT WALTON BEACH FL 32547 | | | | | | | |
| ., | DENOTITE VECT | TO TALION DENOTITION | L DESTI | | | 6 Database | TATELLO | Data Baran | |
| | | | | | | 3. Date Incorporated or Qualified 03/08/1994 | 3a. Date of I | Last Heport 2 4/1995 | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | عربدن ا | Applied For | |
| 21 | | 26 | | | | 59-3237798 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | □ \$ | 8.75 Additional | |
| City & State | | City & State | | & Election Companies Financies | | Fee Required | | | |
| 23 | | 28 | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| Zip | Country | Zip Country | | | | 8. This corporation has liability for intangible tax under s 199.032, | | | |
| 24 | 25 29 30 30 9. Name and Address of Current Registered Agent | | 30 | | | Florida Statutes | | | |
| | g, Name and Adoress of Curren | t Registered Agent | 8 | 1 | Namo | 10. Name and Address of New H | egistered Age | nt | |
| MITCHE | LL, R D JR | | Ľ | | - | | | | |
| 966 MCFARLAN | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | TON BEACH FL 32547 | | 8 | 3 | | | | | |
| | | | ä | 4 | City | | 8 | 5 Zip Code | |
| | | | L | | • | | | | |
| or registere | o the provisions of Sections 607,0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Sect | da. Such change was authorize | s, the above ad by the co | e-na rpo | amed corpora oration's board | tion submits this statement for the purp I of directors. I hereby accept the appo | oose of changir intment as regi | ng its registered office istered agent. I am | |
| SIGNATURE _ | Signature, typed or printed name of registered agent | | . Politica | | | | | | |
| 12. | OFFICERS AN | | 13. | gent | t signature required i | ADDITIONS/CHANGES TO OFFI | DATE CERS AND DIE | BECTORS IN 12 | |
| THLE | PRES DELETE | | 1. 1 TITL | E | | · Change Addition | | | |
| NAME | MITCHELL, ROBERT DAVID | } | 1.2 NAM | Ε | | | | | |
| STREET ADDRESS | 924 PORTER #210 | | 1.3 STREET ADDRESS | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | OCEAN SPRINGS MS SECT | DELETE | 1.4 CITY- \$1 - ZIP 2. 1 TITLE | | - ZIP | | ПС | hange Addition | |
| NAME | MITCHELL, MARY JACKIE | Прин | 2.2 NAME | | | | ויין ניי | riange Addition | |
| STREET ADDRESS | 924 PORTER #210 | | 2.3 STREET ADDRESS | | ADDRESS | | | | |
| CITY-ST-ZIP | OCEAN SPRINGS MS | | 2.4 CITY- ST- ZIP | | [- ZIP | | | | |
| TITLE | VP | DELETE | 3. 1 TITL | E | | | | hange 🔲 Addition | |
| NAME | MITCHELL, ROBERT DAVID | ļ | 3.2 NAME | | | | | | |
| STREET ADDRESS | 966 MCFARLAN FT WALTON BEACH FL | | | 3.3 STREET ADDRESS | | | | | |
| CITY+ST-ZIP TITLE | | | 4. 1 TITL | | - ZIP | | n c | hange | |
| NAME | | | 4.2 NAM | | | | | , <u> </u> | |
| STREET ADDRESS | | | 4.3 STRE | ET A | ADDRESS | | | • | |
| CITY-ST-ZIP | | Financia de la constanta de la | 4.4 CITY | | - ZIP . | | ····· | | |
| TITLE | | ☐ DEFELE | 5. 1 TITL | | | | c | hange 🔲 Addition | |
| NAME STREET ADDRESS | | | 5.2 NAM | | ADDDECC. | | | | |
| CITY+ST-ZIP | | | # | | ADDRESS | | | | |
| TITLE | | DELETE. | 5.4 CITY - S 6. 1 TITLE | | - [" | | | hange Addition | |
| NAME | | | 6.2 NAME | | | | - | | |
| STREET ADDRESS | | | 6.3 STRE | ET A | ADDRESS | | | | |
| Crity-ST-ZiP | y partity that the information expedied | with this files is voluntable from | 6.4 CITY | | | the exemption state of in One line 1410: | 07/04/14 51-23 | Chabatan 16 office | |
| 14. I do hereby certify that the information supplied with this fring 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: 12 1 L. C. L. R.D. MITCELL 2 MY 96 833 4421 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling France & Dayling France & | | | | | | | | | |