

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

MAY -1 11:10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025067 (7)

1. Corporation Name

THE MFSUD'S, INC.

Principal Place of Business

**18310 AUTUMN LAKE BOULEVARD
HUDSON FL 34667**

Mailing Address

**18310 AUTUMN LAKE BOULEVARD
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3233931

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

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
Florida Statutes ☒ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANANIA, ROBERT M
6282 HILLVIEW ROAD
SPRING HILL FL 34606**

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 the corporation

Signature, typed or printed name of registered agent and the corporation

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
MFSUD, PAUL
18310 AUTUMN LAKE BOULEVARD
HUDSON FL 34667**

11 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
ANANIA, ROBERT M
6282 HILLVIEW ROAD
SPRING HILL FL 34606**

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

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(9)(b), 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 of this report, or as an attachment with an address.

SIGNATURE: *Robert Anania*

Signature and typed or printed name of signing officer or director

ROBERT ANANIA

Date

Signature of Secretary

4-15-95 869-6661