FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000028134 (2)

BUSBY INDUSTRIES, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

6403 N 50 STREET TAMPA FL 33610 6403 N 50 STREET TAMPA FL 33610-4004

2a. Mailing Address

FILED Apr 18 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

06/19/1996

3. Date Incorporated or Qualified

04/11/1994

4. FEI Number

21		26		59-2322147	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for inta	angible tax under s. 199.032, Yes □ No	
	9. Name and Address of Curre		1001	10. Name and Address of New Regis		
RUS	BY, CLARENCE R	· · · · · · · · · · · · · · · · · · ·	81 Name			
6403 N 50 STREET			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
TAM	IPA FL 33610		63			
			103			
			84 City		FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Stat	utes, the above-named corr	poration submits this statement for the purp	pose of changing its registered	
office or	registered agent, or both, in the Stat	e of Florida. Such change wa	s authorized by the corpora	tion's board of directors. I hereby accept t	he appointment as registered	
agent La	arn tamiliar with, and accept the obti	gations of, Section 607.0505, I	riorida Statutes.			
SIGNATURE	Signature, typed or printed name of registered a	aged and title if name able . (A)	OTE: Registered Agent signature requi	red ubon reinstelling)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	D	DELETE	1,1 TITLE		Change Addition	
NAME	BUSBY, CLARENCE R	_	1.2 NAME		-	
STREET ADDRESS	6403 N 50 STREET		1.3 STREET ADDRESS			
CITY - S1 - ZIP	TAMPA FL 33610		14 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS	}		2.3 STREET ADDRESS			
CITY - ST - ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TiTLE		Change Addition	
NAMÉ			3.2 NAME			
STREET ADDRESS	i		3 3 STREET ADDRESS			
CITY -ST-ZIP	1		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TiTLE		Change Addition	
NAME	Ì		4. 2 NAME		,	
STHEET ADDRESS	(4.3 STREET ADDRESS			
City-St-7IP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST ZIP			-5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME			. 6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP	1		6.4 CITY-ST-ZIP			
information Lam an c	on indicated on this annual report or	supplemental annual report is or the receiver or trustee empt	s true and accurate and that owered to execute this repo	d in Section 119.07(3)(i), Florida Statutes. I t my signature shall have the same legal e rt as required by Chapter 607, Florida Stat	effect as if made under oath; that	

C.R. BusBy, Pass

SIGNATURE AND CHEED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR