

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:34

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000046336 (1)

1. Corporation Name

LOUGER ENTERPRISES, INC.

Principal Place of Business

663 8TH CT
VERO BEACH FL 32962

Mailing Address

663 8TH CT
VERO BEACH FL 32962

3. Date Incorporated or Qualified
06/17/1994

3a. Date of Last Report

2. Principal Place of Business

21 775 8th CT

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 SUITE 2

27 Suite, Apt. #, etc.

23 City & State

23 VERO BEACH - FL

28 City & State

24 Zip

24 32962

25 Country

25 USA

29 Zip

29

30 Country

30

4. FBI Number

65-0500471

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MEDVEDEFF, LOUIS

663 8TH CT

VERO BEACH FL 32962

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number *Not Applicable)

ROUTE 16 BOX C

83

84 City- VERO BEACH

FL

85 Zip Code 32968

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, 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 title if applicable

NOTE: Registered Agent's signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & V.P.
NAME	REGINA MEDVEDEFF
STREET ADDRESS	RT 16 BOX C
CITY - ST - ZIP	VERO BEACH FL 32968
TITLE	SEC & TREAS
NAME	LOUIS MEDVEDEFF
STREET ADDRESS	RT 16 BOX C
CITY - ST - ZIP	VERO BEACH FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(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, if changed, or on an attachment with an address.

SIGNATURE: By

Regina Medvedeff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREAS

4/25/95 (407) 569-7565