

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059952 (9)

1. Corporation Name  
RED HOTS, INC.

Principal Place of Business: 8034 BAY HAVEN DRIVE SEMINOLE FL 34646  
Mailing Address: 8034 BAY HAVEN DRIVE SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1994	3a. Date of Last Report
4. FFI Number 59-326-1317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for retroactive tax under § 1193(2)(b), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 County	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 County
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9. Name and Address of Current Registered Agent  
VERDENSKY, THOMAS K K  
8034 BAY HAVEN DRIVE  
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	FL	B5 Zip Code
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11. Pursuant to the provisions of Sections 607.02(2) 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: *Thomas K. Verdensky* (Typed Name) / *Thomas K. Verdensky* (Typed Name)

12. OFFICERS AND DIRECTORS

12.1 NAME	D VERDENSKY, THOMAS K
12.2 STREET ADDRESS	8034 BAY HAVEN DRIVE
12.3 CITY & STATE	SEMINOLE FL 34646
12.4 NAME	D BEBELL, DENISE D
12.5 STREET ADDRESS	20228 GULF BOULEVARD
12.6 CITY & STATE	INDIAN SHORES FL 34648
12.7 NAME	D BEBELL, SCOTT A
12.8 STREET ADDRESS	20228 GULF BOULEVARD
12.9 CITY & STATE	INDIAN SHORES FL 34648
12.10 NAME	D PETERS, AMY E
12.11 STREET ADDRESS	8034 BAY HAVEN DRIVE
12.12 CITY & STATE	SEMINOLE FL 34646

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	Remove
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	Remove
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	VERDENSKY AMY E
13.15 STREET ADDRESS	8034 BAYHAVEN DR
13.16 CITY & STATE	SEMINOLE FL 34646
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY & STATE	

14. I, the undersigned, hereby certify that the information supplied with this filing is veridically furnished and does not qualify for the exemption stated in Section 119.02(4), Florida Statutes. I further certify that the information made available is the original report or supplemental annual report as true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee appointed to oversee this report as required by Chapter 192, Florida Statutes, and that my name appears in the list of officers, directors, and persons appointed with an address.

SIGNATURE: *Thomas K. Verdensky* (Typed Name) / *Thomas K. Verdensky* (Typed Name) PRESIDENT 4/28/95 399-9105