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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90086 027 ***150.00



DOCUMENT # P95000041119 1. Corporation Name

BUDDY HAMNER ENTERPRISES, INC.

Principal Place of Business 6303 MASSACHUSETTS AVE. NEW PORT RICHEY FL 34653

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

6303 MASSACHUSETTS AVE. **NEW PORT RICHEY FL 34653**

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

05/25/1995 4. FEI Number

59-3366408

Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired
City & State		1	City & State				6. Election Campaign Financing		\$5.00	May Be
3	•	28	4,				Trust Fund Contribution			to Fees
Zip	Country Zip				ntry		8. This corporation owes the curre	nt vear int	angible	
4	25	29		30		•	Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐Yes	No
<u> </u>	9. Name and Address of Current						10. Name and Address of New Ro	egistered .	Agent	7
HAMNER, HARRY C III 6303 MASSACHUSETTS AVE. NEW PORT RICHEY FL 34653					81	Name				3.11
					82	Street Address (P.O. Box Number is Not Acceptable)				
					83					
					84	City		FL	85 Zip	Code
	•						d a la dia dia dia dia dia dia dia dia dia di		haaaina it	- registered
11. Pursuant	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	and 6	507.1508, Florida Statute ida. Such change was ai	es, the al	oove bv t	-named corpo the corporation	ration submits this statement for the p n's board of directors. I hereby accept	the appoin	oranging it itment as r	egistered
agent. I a	m familiar with, and accept the obligation	ons of	f, Section 607.0505, Flor	ida Stati	ites.					,
SIGNATURE										
SIGNATORE	Signature, typed or printed name of registered agent	and title	If applicable. (NOTE:	Registered	Agent	t signature required		DATE		
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	D		☐ DELETE	1.1 TII	LE	ļ			Change	☐ Addition
NAME	HAMNER, HARRY C III			1.2 NA	ME					
STREET ADDRESS	6303 MASSACHUSETTS AVE.			1.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL 34653			1.4 CF	TY-ST	-ZIP				
TITLE			☐ DELETE	2.1 TI	le.				☐ Change	☐ Addition
NAME				2.2 NA	ME	İ				[
STREET ADDRESS				2.3 ST	REET	ADDRESS ~				
CITY-ST-ZIP				2.4 C	TY-S1	T-ZIP				
TITLE			☐ DELETE	3.1 TI	_				Change	☐ Addition
NAME				3.2 NA	ME					
STREET ADDRESS						ADDRESS				
				3.4. C						
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TI		1-41			Change	Addition
				4. 2 N					_ •	_
NAME						ADDRESS				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			Chourt	4.4 CI		r-ZIP			☐ Change	Addition
TITLE			☐ DELETE	5.1 TT		1			change	
NAME				5.2 N		***************************************				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CI		r-zip				
TITLE			☐ DELETE	6.1 TT					Change	☐ Addition
NAME				6.2 N	ME					
STREET ADDRESS				6.3 ST	REET	ADDRESS				
CITY-ST-ZIP				6.4 CI	TY-ST	r-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: