SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000045185 (2)**

1. Corporation Name
BUJEME, INC.

Principal Place of Business
8260 - 141ST ST. N.
SEMINOLE FL 34646

Mailing Address
8260 - 141ST ST. N.
SEMINOLE FL 34646

3. Date Incorporated or Qualified: 06/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21 8134 122nd St N
Suite, Apt. #, etc
22
City & State
23 Seminole, FL
Zip 24 33772 Country 25 USA

2a. Mailing Address
26 8134 122nd St. N.
Suite, Apt. #, etc
27
City & State
28 Seminole, FL
Zip 29 33772 Country 30 USA

4. FEI Number 59-3325821 ☐ 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
DEVRIES, WALLACE B
8260 - 141ST ST. N.
SEMINOLE FL 34646

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8134 122nd St N.
83
84 City SEMINOLE FL 85 Zip Code 33772

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: Wallace B. DeVries — WALLACE B. DEVRIES - PRESIDENT (Signature, typed or printed name of registered agent and title if applicable) (Not a Registered Agent signature required when resigning) 8-5-96 (Date)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - SECRETARY	☒ Change ☐ Addition
1.2 NAME	WALLACE B. DEVRIES	
1.3 STREET ADDRESS	8134 - 122nd St. N.	
1.4 CITY-ST-ZIP	Seminole, FL 33772	
2.1 TITLE	VP - TREASURER	☒ Change ☐ Addition
2.2 NAME	DONNA DeVries	
2.3 STREET ADDRESS	8134 - 122nd St. N.	
2.4 CITY-ST-ZIP	Seminole, FL 33772	
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wallace B. DeVries — WALLACE B. DEVRIES-PRES. (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 8-5-96 (Date) (813) 397-8555 (Daytime Phone #)

CR2E034 (3/96)