FILE NOW: FILING FEE A PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEP, Sandra Secre DIVISION OF	PARTMENT OF STATE ira B. Mortham retary of State DF CORPORATIONS	
1. Corporation	JMENT # P950(^{on Name} HAWG GUYS, INC.	00077592 (())	A HORAHON AND ANNY DOLAL DAVID DAVID DAVID DAVID DAVID DAVID JOROL DIVID VOLAD JIAA MAAN
4125 CUSHN	Principal Place of Business Mailing Address 4125 CUSHMAN DR 4125 CUSHMAN DF		· · · · · · · · · · · · · · · · · · ·	
MIMS FL 32	2754	MIMS FL 32754		3. Date Incorporated or Qualified 3a. Date of Last Report
1	Place of Business	2a. Mailing Address 26	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For Not Applicable
Suite, Apt. # 2 City & State		Sulte, Apt. #, etc. 27 City & State		5. Certificate of Status Desired S8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032,
24	25 9. Name and Address of Curre	29	30	Florida Statutes Yes Yes Yes Yes Address of New Registered Agent
TARVER, LARRY D 4125 CUSHMAN DR MIMS FL 32754			81 Name 82 Street Add 83	ddress (P.O. Box Number is Not Acceptable)
SIGNATURE	Signature typed or printed name of registeroid agen	ent and title if applicable (NO	ites, the above-named corpo	
12. Title NAME STREET ADDRESS CITY - ST - ZIP			13. 1 1 111LE 1 2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIJLE NAME STREET ADDRESS CITY- ST- ZIP	DV Davis, Brian J 1404 Royal Palm Dr Edgewater FL 32132	DELE IE	14 CHY-ST ZIP 2 1 THE 2 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-ZIP	[] Change [] Addition
NTLE NAME STREET ADDRESS CITY-ST-ZIP	DST TARVER, PATRICIA J 4125 CUSHMAN DR MIMS FL 32754		3 1 TITLE 3 2 NAME 3 3. STREEL ADDRESS 3 4 CITY - ST- ZIF	Change [] Addition
TITLE NAME Street address City-st-zip		[]] DELETE	4. 1 TITLE 4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 6.4 CHY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change 🔲 Addition
NTLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do horeby	section the information supplied	DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - S1 - ZIP	Change Addition
oath: that I a	I am an officer or director of the corpo Block 12 or Block 13 phanged, or c	oration or the second or the store	hished and does not qualify for hual report is true and accura	for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further rate and that my signature shall have the same legal effect as if made under his report as required by Chapter 607, Florida Statutes, and that my name $5!/29/96$ 407, 367, 7701 Date Date Daythe Phone #