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

DOCUMENT # P9600038233

1. Corporation Name

BUDDINGH ENTERPRISE INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90196 039 ***150.00



						
Principal Place	e of Business	Mailing Address				
1269 CNTY RD		HC 2 BOX 455				
CRESCENT CITY FL 32112 CRESCENT CITY FL 32112				DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed		
				04/29/1996		1
2 Principa P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	lied For
⊢	all Drazece Ilian	L	FStream Bl		<u> </u>	Applicable
21 / (e ⁴ Suite, Apt.	# etc	Suite, Apt. #, etc.	COLLEGE OF	_	\$8.75 A	
— <u> </u>	The of	27 Maratha	A E.L.	5. Certificate of Status Desired	Fee Red	
22 / / / _ ~ _ City & S at	<u> </u>	City & State	11 1-12-17	6. Election Campaign Financing	\$5.00	lay Re
h	Kn - 3300	28 33050		Trust Fund Contribution	Added to	
23 330. Zip	20 - ,3 300 Country	Zip	Country	This corporation owes the current year in		
	Γ Λ Λ Λ Λ	29	30 Monto		•	!⊒No
24	9. Name and Address of Curren	<u> </u>	30 1 10111 0	10. Name and Address of New Registered		
<u> </u>	9. Name and Address of Curren	it Registered Agent	81 Name	10. Hame and Flagress of Hell Hegisters		
MEN	ARD, NANCY M			Andrea Bannon		
	•		1 1 -	cdress (P.O. Box Number is Not Acceptable)		
181 KOLSKI DRIVE			30	<u>10. Summit St.</u>		
GŁ.O	RGETOWN FL 32112		83 0 -	was at City FI		j
ļ			84 City	iscent chy,	85 Zip C	ode
				F!	<u> </u>	.112
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	es, the above-named of	orporation submits this statement for the purpose:	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblige	of Florida, Such change was a strong of Section 607 0505. Flo	iuthorized by the corpoi irida Statutes.	retion's board of cirectors. I hereby accept the appointment of the cirectors of the property of the cirectors of the cirecto	ointment as reç	stered
_	1 1 05.		rida diatates.	4/25/	90	
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable (NOTI	: Registered Agent signature re	quired when reinstating) DATE	£	
12.		NE DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	F:S IN 12
TITLE	P	☐ DELETE	1.1 TITLE	0	Change	☐ Addition
NAME	BUDDINGH, CHRIS		1.2 NAME	13ubbing11, Chris 7563 Guifstream Blvd	, ,	
!	1269 CNTY RD 309		1.3 STREET ADDRESS	7563 Guif Stream Blvd		
STREET ADDRESS			1.00/1422/12311230	marcet non, F1. 33050		1
CITY-ST-ZIP	CRESCENT CITY FL 32112		1.4 CITY-ST-ZIP		⊠ ′Change	Addition
TITLE	ST	☐ DETEIR		ST.	(A) change	
NAME	BUDDINGH, GRIETJE		2 2 NAME	BuddingH. Grietie		
STREET ADDRESS	1269 CNTY RD 309		2.3 STREET ADDRESS	BuddingH Grietje 1563 GLHStream Blyd		
CITY-ST-ZIP	CRESCENT CITY FL 32112		2. 4 CITY-ST-ZIP	Maratron FI 33050		
TITLE		· · · · · · · · · · · · · · · · · · ·	3.1 TITLE		Change	Addition-
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
			4.3 STREET ADDRESS			ļ
STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change	☐ Addition
TITLE			4.4 CITY- ST-ZIP 5.1 TITLE		Change	Addition
TITLE NAME		☐ DELETE	4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME		Change	Addition
TITLE		☐ DELETE	4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change	Addition
TITLE NAME			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition
NAME STREET ADDRES S CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR