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 # P9700039308

1. Corporation Name

BUSHMANS' INC. 401 KS-FLA.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90049 029 ***150.00



Principal Place of Business Mailing Address						-	/ 11(; 2 2 4	()))))
621 EAST GRAND AVENUE ROSHOLT WI 54473		621 EAST GRAND AVENUE ROSHOLT WI 54473				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						05/02/1997		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	2	Applied For
21		28				APPLIED FOR 58-244886		-Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ ' ' ' '			5. Certificate of Status Desired See Required Fee Required		
City & State		City & State	¬ ´			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year In	tangible	_
24	25	29	30			Personal Property Tax.	☐Yes	No
Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
OFFINEDO IAMEO M				81	Name			
	DERS, JAMES M BALD EAGLE DRIVE			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
, suiti				83				
MARCO ISLAND FL 34145		•		84	City		85 2	Zip Code
	•			1 1) ,	<u> </u>	- 1 1	
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								
	Signature, typed or printed name of registered agent		: Registere	_	t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
12.	PM OFFICERS AND	DELETE	1,1 T			7.001110110701111020 70 0171102110	☐ Char	
NAME	BUSHMAN, JEROME		1.2 N					
STREET ADDRESS 621 E GRAND AVE					ADDRESS			Ì
CITY-ST-ZIP	ROSHOLT WI 54473		1.4 CIT					,]
TITLE			2.1 T				☐ Char	nge
NAME	SKALEN, CHRISTOPHER		2.2 NAME		}			\
STREET ADDRESS	3.MAIN.AVE.N	<u>نت و د نیمن در بهجمت</u>	235		TADDRESS			
CITY-ST-ZIP	HARMONY MN 55939		2.40	2. 4 CITY-ST-ZIP				
TITLE			3.1 T	3.1 TITLE			☐ Char	nge
NAME			AME]	
STREET ADDRESS			TREET	FADDRESS				
CITY+ST-ZIP	110011021 11101110		3.4. 0	CITY-S	IT-ZIP			
TITLE	STD DELETE 4.11		TLE	}		Chai	nge ☐ Addition	
NAME	BUSHMAN, DERRICK		4. 2 N					
STREET ADDRESS	621 E GRAND AVE				TADDRESS			ŀ
CITY-ST-ZIP	ROSHOLT WI 54473		4.4 CITY-		T-ZIP		☐ Char	nge Addition
) TITLE)		☐ DELETE	5.1 TITLE 5.2 NAME					inge Lindulon
NAME			4		TADDDECO			
STREET ADDRESS			1		TADDRESS			ļ.
CITY-ST-ZIP		☐ DELETE	5.4 C	ITY-ST	1-411		☐ Chai	nge Addition
TITLE '				IAME			_ >.161	
NAME					TADDRESS			
and notice of		•	1	ITY-SI				\$
CITY-ST-ZIP	• •		0.4 U	HIT-3	1~4IT			

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 fusible empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CTTY-ST-ZIP

e required