FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # V02899 (5)

95 MAY 19 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporate Name
BUG CITY, INC.

Principal Address
7277 NEBRASKA AVENUE
TAMPA FL 33604

Mailing Address
7277 NEBRASKA AVENUE
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1992
3a. Date of Last Report: 03/02/1994

2. Principal Address — 21
2a. Mailing Address — 26
Suite, Apt. # — 22 / 27
City, State — 23 / 28
City — 24 / 25 / 29 / 30 County

4. FEI Number: 59-3098983
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 filed or intends to file an income tax return under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PERRY, PAMELA
RT. 5 BOX 4148
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name: Monica L. Wheeler
82 Street Address (P.O. Box Number is Not Acceptable): 7277 N. Nebraska Ave.
83
84 City: Tampa FL 85 Zip Code: 33604

11. Pursuant to the provisions of Sections 607.325, and 607.1608 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 607.325 Florida Statutes.

SIGNATURE: Monica L. Wheeler — Jan. 19, 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HOLBROOK, T.W.	NAME	
STREET ADDRESS	7277 NEBRASKA AVENUE	STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33604	CITY, ST, ZIP	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	HOUGHTALING, MICHAEL	NAME	
STREET ADDRESS	5700 MARINER DR., #303	STREET ADDRESS	Delete
CITY, ST, ZIP	TAMPA FL 33609	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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 the report as required by Chapter 607, Florida Statutes; and that the name appears in Block 12 or Block 13 if changed, or is added, filed with this report.

SIGNATURE: T. W. Holbrook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 19, 95 — (813)238-0544

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