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 # **V16433** **(7)**

1. Corporation Name
BUG-A-BOO, INC.

Principal Place of Business	Mailing Address
219 NORTH RIDGEWOOD AVENUE ORMOND BEACH FL 32174	219 NORTH RIDGEWOOD AVENUE ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 05/30/1995

2. Principal Place of Business — 21: 1579 Derbyshire
22 Suite, Apt. #, etc:
23 City & State: Holly Hill, FL
24 Zip: 32117
25 Country: Volusia

2a. Mailing Address — 26: 1579 Derbyshire Rd
27 Suite, Apt. #, etc:
28 City & State: Holly Hill, FL
29 Zip: 32117
30 Country: Volusia

4. FEI Number: 59-3110200 ☐ 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**

NOUR, RONALD A.
533 NORTH NOVA ROAD
SUITE 112
ORMOND BEACH FL 32174

10. **Name and Address of New Registered Agent**

81 Name: Andrew Bracht, Jr
82 Street Address (P.O. Box Number is Not Acceptable): 1579 Derbyshire Rd
83
84 City: Holly Hill FL 85 Zip Code: 32117

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: x Andrew J. Bracht Jr 7-15-96
Signature, type or print name of registered agent, and the date of signing (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRACHT, ANDREW J., JR. 219 NORTH RIDGEWOOD AVE. ORMOND BEACH FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D ☒ Change ☐ Addition Bracht, Andrew J., Jr 1579 Derbyshgire Rd Holly Hill, FL 32117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRACHT, DEBRA L. 219 NORTH RIDGEWOOD AVE. ORMOND BEACH FL ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D ☒ Change ☐ Addition Bracht, Andrew J., Jr 1579 Derbyshire Rd Holly Hill, Fl 32117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 added on an attachment with an address.

SIGNATURE: x Andrew J. Bracht Jr **JUL 16 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #