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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 21 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62657

(4)

1. Corporation Name

HEDGEHOG & FOX, INC.

Principal Place of Business

1096 OLD HWY. 98.
#701 HWY 98 E
SUITE 701
DESTIN FL 32541
US

Mailing Address

757 HWY 98 E BOX 263
DESTIN FL 32541
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/08/1992

3a. Date of Last Report
05/31/1994

4. FEI Number
52-1792337

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

2. Principal Place of Business

21 1096 OLD HWY 98

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 701

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 DESTIN, FL.

City & State

28 City & State

Zip

24 32541

Country

25 WALTON

Zip

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

RISALVADO, TOM P.A.
25 WALTER MARTIN RD,
SUITE 202
FT. WALTON BEACH FL 32548

SPELLING

10. Name and Address of New Registered Agent

81 Name RISALVATO, THOMAS J. PA

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME METHENY, CALVIN W JR
STREET ADDRESS 4701 HIGHWAY 98 EAST #701
CITY-ST-ZIP DESTIN FL

TITLE ST
NAME METHENY, JOAN D.
STREET ADDRESS 4701 HIGHWAY 98 E #701
CITY-ST-ZIP DESTIN FL

TITLE D
NAME RAY, MARGARET M.
STREET ADDRESS 1280 N. HIGHLAND AVE
CITY-ST-ZIP ATLANTA FL

TITLE D
NAME METHENY, CALVIN W. III
STREET ADDRESS 2460 COMPTON PLACE
CITY-ST-ZIP SUAWNEE GA

TITLE D
NAME METHENY, ELIZABETH E.
STREET ADDRESS 505-12TH STREET APT B
CITY-ST-ZIP HUNTINGTON BEACH CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MATHENY, CALVIN W. JR. ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1096 OLD HWY. 98 - #701
1.4 CITY-ST-ZIP DESTIN FL.

2.1 TITLE MATHENY, JOAN D. ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1096 OLD HWY. 98 #701
2.4 CITY-ST-ZIP DESTIN FL.

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE MATHENY, ELIZABETH E. ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 175 15TH ST. N.E. #416
5.4 CITY-ST-ZIP ATLANTA, GA. 30309

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 118.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOAN D. METHENY Sec/Treas. 3/14/95 904-654-3180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

Date

Signature (Print Name)