

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V67780 (9)**
1. Corporation Name
HUDSON FLEA MARKET, INC.



Principal Place of Business: **P O BOX 7001 WESLEY CHAPEL FL 33543**
Mailing Address: **P O BOX 7001 WESLEY CHAPEL FL 33543**

3. Date Incorporated or Qualified: **09/28/1992**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

4. FEI Number: **59-3145473**
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. 199.03? Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GUILFORD, LARRY G.
27529 SR 54
WESLEY CHAPEL FL 33543**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____
Signature of president, officer, registered agent, or director (check) (Initials) Registered Agent signature required when substituting

12. OFFICERS AND DIRECTORS
D DELETE
1. TITLE: **D**
2. NAME: **GUILFORD, LARRY G.**
3. STREET ADDRESS: **27529 SR 54 WESLEY CHAPEL FL**
4. CITY - ST - ZIP
D DELETE
1. TITLE: **D**
2. NAME: **CAPPUCCILLI, JOSEPH G.**
3. STREET ADDRESS: **3437-4 PARK SQUARE N TAMPA FL**
4. CITY - ST - ZIP
 DELETE
 DELETE
 DELETE
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
2. TITLE: Change Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
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: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JOSEPH G. Cappuccilli** 1/22/96 813-923-0478
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)