

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Mayfield  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

MAY - 1 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K94502** (7)

**BOUGE ENTERPRISES, INCORPORATED**

Principal Place of Business: **5310 SAXON CIRCLE W. FT. LAUDERDALE FL 33331**  
Mailing Address: **5310 SAXON CIRCLE W. FT. LAUDERDALE FL 33331**

For Filing with the State

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation	3b. Date of Last Report
21		26		06/09/1989	06/03/1994
22. State		27. State, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		65-0123555	Not Applicable
24. County	25. County	29. Zip	30. Zip	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. The corporation has not been established under S. 199.032 Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOUCHOC, GEORGE P. 5310 SAXON CIRCLE W. FT. LAUDERDALE FL 33331				B1	Name		
				B2	Street Address (P.O. Box Number is Not Applicable)		
				B3			
				B4	City	FL	B5

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 to the above agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am hereby accepting the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: <b>P BOUCHOC, GEORGE P.</b> 12.2 STREET ADDRESS: <b>5310 SAXON CIRCLE W. FT. LAUDERDALE FL</b> 12.3 CITY: _____ 12.4 COUNTY: _____ 12.5 STATE: _____ 12.6 ZIP: _____ 12.7 TITLE: _____ 12.8 NAME: _____ 12.9 STREET ADDRESS: _____ 12.10 CITY: _____ 12.11 COUNTY: _____ 12.12 STATE: _____ 12.13 ZIP: _____ 12.14 TITLE: _____ 12.15 NAME: _____ 12.16 STREET ADDRESS: _____ 12.17 CITY: _____ 12.18 COUNTY: _____ 12.19 STATE: _____ 12.20 ZIP: _____ 12.21 TITLE: _____	13.1 CHANGE: <input type="checkbox"/> ADDITION: <input type="checkbox"/> 13.2 NAME: _____ 13.3 STREET ADDRESS: _____ 13.4 CITY: _____ 13.5 COUNTY: _____ 13.6 STATE: _____ 13.7 ZIP: _____ 13.8 CHANGE: <input type="checkbox"/> ADDITION: <input type="checkbox"/> 13.9 NAME: _____ 13.10 STREET ADDRESS: _____ 13.11 CITY: _____ 13.12 COUNTY: _____ 13.13 STATE: _____ 13.14 ZIP: _____ 13.15 CHANGE: <input type="checkbox"/> ADDITION: <input type="checkbox"/> 13.16 NAME: _____ 13.17 STREET ADDRESS: _____ 13.18 CITY: _____ 13.19 COUNTY: _____ 13.20 STATE: _____ 13.21 ZIP: _____ 13.22 CHANGE: <input type="checkbox"/> ADDITION: <input type="checkbox"/> 13.23 NAME: _____ 13.24 STREET ADDRESS: _____ 13.25 CITY: _____ 13.26 COUNTY: _____ 13.27 STATE: _____ 13.28 ZIP: _____

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.031 and 199.032, Florida Statutes. I further certify that the information supplied on this annual report or supplementary annual report is true and accurate and that my report shall have the same legal effect as if made under oath. I am not a resident of the State of Florida and I am not a resident of the State of Florida for the purpose of this report as required by Chapter 199, Florida Statutes, and that my name appears on the Florida Certificate of Incorporation or an amendment with an address.

SIGNATURE: **GEORGE P. BOUCHOC**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 305-434-4173

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INCORPORATED  
 ANNUAL REPORT  
**1995**



STATE DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 1700 BANKERS BUILDING  
 TALLAHASSEE, FLORIDA 32399-0001

APPROVED

RECEIVED

STATE DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

**DOCUMENT # K95398 (9)**

**G.C. TRUAX, INC.**

Principal Office Address: **410 S. 11TH ST TAMPA FL 33601-0798 US**  
 Mailing Address: **P.O. BOX 798 TAMPA FL 33601-0798 US**

3. Date incorporated or qualified: **06/14/1989**  
 3a. Date of Last Report: **05/01/1994**  
 4. FEI Number: **59-2952867**  
 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**  
 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

21. Principal Office Address: **1726 E. 7th AVE.**  
 22. State: **FL**  
 23. City: **TAMPA, FL.**  
 24. Zip: **33605**  
 25. County: **HILLS.**  
 26. Mailing Address: **1726 E. 7th AVE.**  
 27. State: **FL**  
 28. City: **TAMPA, FL.**  
 29. Zip: **33605**  
 30. County: **HILLS.**

9. Name and Address of Current Registered Agent:  
**TRUAX, GREG  
 110 S. 11TH ST.  
 TAMPA FL 33601**

10. Name and Address of New Registered Agent:  
 81 Name: **GREG TRUAX**  
 82 Street Address (P.O. Box Number Not Acceptable): **1726 E. 7th AVE.**  
 83 City: **TAMPA** FL 85 Zip Code: **33605**

11. Pursuant to the provisions of Sections 607.0305 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 607.0305, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	TRUAX, GREG	2. NAME	TRUAX, GREG
3. STREET ADDRESS	110 S. 11TH ST.	3. STREET ADDRESS	1726 E. 7th AVE.
4. CITY	TAMPA FL	4. CITY	TAMPA, FL.
5. ZIP		5. ZIP	33605
6. COUNTY		6. COUNTY	
7. TITLE		7. TITLE	
8. NAME		8. NAME	
9. STREET ADDRESS		9. STREET ADDRESS	
10. CITY		10. CITY	
11. ZIP		11. ZIP	
12. COUNTY		12. COUNTY	
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY		16. CITY	
17. ZIP		17. ZIP	
18. COUNTY		18. COUNTY	

14. I, the undersigned, certify that this document was prepared with the filing is voluntarily transferred and does not qualify for the exemption stated in Sections 199.032061, Florida Statutes. I further certify that this information is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the owner or holder of a majority of the shares of the corporation, or a person who prepared this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, or Block 3, or Block 4, or an alternate with an address.

SIGNATURE: **GREG TRUAX**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-95 813-248-1887**

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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **K96150** (3)  
 To: Corporation Name  
**HAMMOND ENTERPRISES OF BREVARD, INC.**

Principal Place of Business: **% EDWARD L. HAMMOND, 300 CLEARLAKE RD, COCOA FL 32922**  
 Mailing Address: **% EDWARD L. HAMMOND, 300 CLEARLAKE RD, COCOA FL 32922**

RECEIVED  
 95 MAY 11 11:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2. Principal Place of Business: 21  
 26. Mailing Address: 26  
 22. State, Apt. #, etc.: 22  
 27. State, Apt. #, etc.: 27  
 23. City & State: 23  
 28. City & State: 28  
 24. Zip: 24  
 25. County: 25  
 29. Zip: 29  
 30. County: 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/08/1989**  
 36. Date of Last Report: **06/20/1994**

4. FEI Number: **65-0133682**  
 Applied For:  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 § 190.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HAMMOND, EDWARD L.  
 300 CLEARLAKE RD  
 COCOA FL 32922**

10. Name and Address of New Registered Agent  
 81. Name  
 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: \_\_\_\_\_ (Name in Block 9 or 10 for Current Registered Agent; Name in Block 10 for New Registered Agent; Agent for Corporation and Officer)

12. OFFICERS AND DIRECTORS

1. NAME	<b>D HAMMOND, EDWARD L.</b>
2. STREET ADDRESS	<b>2481 BONNY DR</b>
3. CITY, STATE, ZIP	<b>COCOA FL</b>
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the exemption stated in law from 199.032(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall base the same report on the facts made available. That I am an officer or director of the corporation or the manager 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 of this report, or on an attached report with an address.

SIGNATURE: *Edward L. Hammond* 4/30/95 407-636-3351  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EDWARD L. HAMMOND PRESIDENT**