FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000080983

1. Corporation Name AUTOPET, INC.

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90011 032 ***150.00



Principal Place of Business Mailing Address						1961 FB211 BB1 # FB1B1	10108 2111 1882
1420 SE 3RD ST. 1505 SE 40TH ST #C							
CAPE CORAL FL 33990		CAPE CORAL FL 33904 · US		DO NOT WRITE IN THIS SPACE			
US		03			Date Incorporated or Qualifed		
					10/01/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ар	plied For
21		26			65-0700648		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		· · · • · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	**************************************	
22		27				Fee Re	-
│ City & Stat ├──	te .	City & State			6. Election Campaign Financing	\$5.00 Added t	,
23 Zip	Country	Zip	Country	,	8. This corporation owes the current year		U rees
24	25 29 30				Personal Property Tax.		□No
-	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registere		
			81	Name			
H.S. BLAIR & ASSOCIATES INC			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1505 SE 40TH ST #C] 52	Street Add			
CAP	PE CORAL FL 33904		83				
			84	City		85 Zip C	Code
}			-		poration submits this statement for the purpose	L	
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A	AND DIRECTORS	13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			Change	
NAME	BLOKSMA, ROMKE		1.2 NAME				
STREET ADDRESS			1.3 STREET		•		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE	·		2.1 TITLE 2.2 NAME				
NAME CTREET ADDRESS		1	2.3 STREET	T ADDRESS	and the second s		
STREET ADDRESS CITY-ST-ZIP		1	2.4 CITY-S				
TITLE			3.1 TITLE	7, 2		☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	م را		3.3 STREET	TADORESS	•		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE			4.1 TITLE			☐ Change	Addition
NAME	{		4.2 NAME	}			
STREET ADDRESS		II.		T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Change	Addition
TITLE			5.1 TITLE 5.2 NAME	1		□ cuange	☐ ∀oggon
NAME			5.3 STREET	TADDRESS	•		
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP TITLE			6.1 TITLE			☐ Change	Addition
NAME :	A Parket of the Control of the Contr		6.2 NAME				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP