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Jun 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P96000104019 (0) N/C 4/1/97

1. Corporation Name
~~EASTERN MORTGAGE CORPORATION~~
WAYNE DOG ENTERPRISES, INC.

Principal Place of Business Mailing Address

**1015 BLACKSTONE BLDG.
 233 EAST BAY STREET
 JACKSONVILLE FL 32202**

**1015 BLACKSTONE BLDG.
 233 EAST BAY STREET
 JACKSONVILLE FL 32202-3452**

3. Date Incorporated or Qualified: **12/23/1996** 3a. Date of Last Report

4. FEI Number (4-29-97): **59-3442182** 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: **Baymeadows Rd**

21. **8380** 26. **8380**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 9 **Suite 9**

City & State City & State

Jax FL **Jax FL**

Zip Country Zip Country

32256 **Duval** **32256** **Duval**

9. Name and Address of Current Registered Agent

**BARKET, GARETT N
 1015 BLACKSTONE BLVD.
 233 EAST BAY STREET
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81. Name: **Charles Wayne Williamson**

82. Street Address (P.O. Box Number is Not Acceptable): **8380 Baymeadows Rd**

83. **Suite 9**

84. City: **Jacksonville** 85. Zip Code: **FL 32256**

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]* DATE: _____

Signature typed or printed (name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	LEWIS, DAVID B	
STREET ADDRESS	12969 FALLEN TREE DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	SUAZO, JORGE A	
STREET ADDRESS	9378 ARLINGTON EXPRESSWAY NO. 83	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	STD	<input checked="" type="checkbox"/>
NAME	BISHOP, MELISSA K	
STREET ADDRESS	1320 4TH STREET SOUYTH BLDG. B NO. C	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Williamson, Wayne, Charles		
1.3 STREET ADDRESS	10159 Bear Valley Rd		
1.4 CITY-ST-ZIP	Jacksonville FL 32257		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	900002209239		
5.3 STREET ADDRESS	-06/11/97--01103--027		
5.4 CITY-ST-ZIP	***165.00		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/4/97**

CR2E034 (9/96)