FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State **1998 DIVISION OF CORPORATIONS** 

## **FILED** May 13 1998 8:00am Secretary of State

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DOCUMENT # P97000102639 (6)								}					
NATIONWIDE PET PROTECTORS, INC.													
								1				<b>ije</b> 11918 <b>e</b> 1188	
Principal Place of Business Mailing Address									1 <b>100 ((100</b> ) (14 ( <b>0</b> )) (1 1 <b>10</b> 0)				
2917 GLORIA COURT 2817 GLORIA COURT													
CLEARWATER FL 33761 CLEARWATER FL 33761									DO NOT WRITE IN THIS SPACE				
								F	3. Date Incorporated or Qualified				
									12/05/1997				· · · · · · · · · · · · · · · · · · ·
2. Principal Place of Business				2a. Mailing Address			1	4. FEI Number	19/		<u> </u>	Applied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				11-0701	aso			Not Applicable Additional	
22				27				- [	5. Certificate of Status C	esired			Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be					
23				28					Trust Fund Contributi	on		Added	to Fees
Zip 24						Country			6. This corporation owe:			_	ntangible No
24	9, Name	and Address of	29 Current Registe	red Agent	30]				Personal Property Ta:				<u> </u>
RC	SSIGNOL.	MONICA E				81	Name						
2817 GLORIA COURT CLEARWATER FL 33761						82 Street Address (P.O. Box Number is No				t Accept	abie)		
CLEANWAIEN FL 33701						83							·- <u>-</u>
						84 City						85 Zir	Code
							ĺ				F	<b>-</b>     `	
11. Pursuant office or i agent. La	t <b>o the</b> provis registered ag am familiar w	sions of Sections 6 gent, or both, in th ith, and accept th	607.0502 and 607 ie State of Florida e obligations of,	7.1508, Florida Statut i Such change was a Section 607.0505, Flo	es, the at authorized orida Stat	oove d by utes	e-named corpo the corpo s.	corpora oration	ation submits this statement's board of directors. I he	nt for the reby acc	purpose of the ap	of changing pointment a	its registered s registered
SIGNATURE		<del></del>											
12.	Signature, typed	· ——— · · · · · · · · · · · · · · · · ·	RS AND DIRECT				int signature re	nature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				)BS IN 12	
TITLE	DPT			DELETE		11 TITLE						Change	Addition
NAME	ROSSIG	NOL, JOSEPH	P	1			1.2 NAME						
STREET ADDRESS		LORIA COURT		1.5			1.3 STREET ADDRESS						
CITY-ST-ZIP		NATER FL 3376	<u> </u>				T-ZIP					1 05	Takes:
TITLE NAME	VPS ROSSIG	NOL, MONICA	<b>c</b>	C) DETELE	2.1 Til 2.2 NA							☐ Change	Addition
STREET ADDRESS		LORIA COURT	L				ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 33761				- 8	2. 4 City-St-ZiP					÷		
TITLE				☐ DELETE	3.1 TIT							Change	Addition
NAME	)				3.2 NA	ME	ļ						i
STREET ADDRESS					3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	 			Dr. FTF	3.4. CI		ST-ZIP					01	1 14401
TITLE Name				☐ DELETE	4.1 TIT							L Change	Addition
STREET ADDRESS					4.2 N/		ADDRESS						
CITY-ST-ZIP					4.3 S1		1						
TITLE				☐ DELETE	5.1 TIT							Change	Addition
NAME					5.2 NA	ME							
STREET ADDRESS					5.3 ST	REET	address						
CITY-ST-ZIP	 		<del></del>		5.4 Cit		1-ZIP						
TITLE	l			DELETE	6.1 TIT	ŁE.	1					Change	Addition

14. Thereby certify that the information supplied with this filling 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 supplied what annual report or supplied what annual report or supplied what annual report or under cath; that I am an officer or director of the corporation of the recovery or trustore dispersion to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change of the supplied to the supplied to

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP