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

**FILED** Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)PETSOS INCORPORATION Principal Place of Business Mailing Address 3801 W LAKE MARY BLVD 3601 W LAKE MARY BLVD LAKE MARY FL 32746-6159 LAKE MARY FL 32746-8159 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1975 2. Principal Place of Business 2a. Mailing Address 4. FÉI Numbe Applied For 59-1609777 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 26 Ζφ Country Country 8. This corporation owes or has paid the current year Intangible □ No Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STONE, MELINDA 140 MARION LANE 82 Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 83 City Zip Code 85 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, typed or praited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE ☐ Change Addition **GEORGIADIS, MELISSA** NAME 1.2 NAME **1814 KNAVE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME STONE, MELINDA 2.2 NAME 140 MARION LANE STREET ADDRESS 2.3 STREET ADDRESS CASSELBERRY FL 2. 4 CITY-ST-ZIP CITY-ST-7IP ■ Addition DELETE ☐ Change 3.1 TITLE TITLE PETSOS, GEORGE C H. NAME 3.2 NAME 1905 HIBISCUS LANE STREET ADDRESS 3.3 STREET ADDRESS MAITLAND FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE \_\_\_ Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Addition DELETE Change TITLE 6.1 TITLE

6.2 NAME

14. Thereby 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.

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

Milimbi