FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
-1 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725270 (3)

1. Corporation Name

TAMPA BAY PUG CLUB, INC.

Principal Place of Business	Mailing Address
4302 CHARRO LANE PLANT CITY FL 33565	4302 CHARRO LANE PLANT CITY FL 33565

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0131148 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRALEY, BARBARA A. 4302 CHARRO LANE PLANT CITY FL 33565	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 _____ DATE
Signature, typed or printed name of registered agent and the capacity or relationship (NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	JOYNER, CINDY	12 NAME		
STREET ADDRESS	8601 SUNNYDALE LN.	13 STREET ADDRESS		
CITY ST ZIP	LAKELAND FL	14 CITY ST ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	ARD, JULIA	22 NAME		
STREET ADDRESS	282 GUNLOCK RD.	23 STREET ADDRESS		
CITY ST ZIP	LUTZ FL	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	PAGE, BETTY	32 NAME		
STREET ADDRESS	3965 RICHY ROAD	33 STREET ADDRESS		
CITY ST ZIP	MIMS FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	D	☑ Change ☐ Addition
NAME	BAYNE, KIMBERLIE	42 NAME	Bayne, Kimberlie	
STREET ADDRESS	5702 102ND AVENUE, N.	43 STREET ADDRESS	3003 W. San Jose	
CITY ST ZIP	PINELLAS PARK FL	44 CITY ST ZIP	Tampa, FL 33629	
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	HUTCHINSON, ANITRA	52 NAME		
STREET ADDRESS	4403 W. ANITA BLVD.	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BRALEY, BARBARA A	62 NAME		
STREET ADDRESS	4302 CHARRO LANE	63 STREET ADDRESS		
CITY ST ZIP	PLANT CITY, FL 0	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara A. Braley 4-27-95 813-986-4419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062684