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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725270** (3)

1. Corporation Name

TAMPA BAY PUG CLUB, INC.



Principal Place of Business	Mailing Address
17531 GUNLOCK RD. LUTX FL 33549 US	17531 GUNLOCK RD. LUTZ FL 33549-8442 US

3. Date Incorporated or Qualified 01/12/1973	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0131148	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARD, RANDY
17531 GUNLOCK RD.
LUTZ FL 33549

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESIUS, DEBI	1.2 NAME	
STREET ADDRESS	1129 HERNE AVE. NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARD, RANDY	2.2 NAME	
STREET ADDRESS	17531 GUNLOCK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, BETTY	3.2 NAME	
STREET ADDRESS	3965 RICHY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYNE, KIMBERLY	4.2 NAME	
STREET ADDRESS	3003 W SAN JOSE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON, ANITRA	5.2 NAME	VD
STREET ADDRESS	4403 W. ANITA BLVD.	5.3 STREET ADDRESS	CINDY JOYNER
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	8601 SUNNYDALE LANE
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRALEY, BARBARA A	6.2 NAME	DEBBIE CHAMBERLAND
STREET ADDRESS	4302 CHARRO LANE	6.3 STREET ADDRESS	6496 TOLEDO ROAD
CITY-ST-ZIP	PLANT CITY, FL 0	6.4 CITY-ST-ZIP	SPRING HILL, FL 34606

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Randy C. Ard* **RANDY C. ARD**

13 JAN 97 (813) 885-7481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045956

CR2E037 (9/96)