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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90220 049 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J30972

1. Corporation Name  
PUG'S CO., INC.

Principal Place of Business  
% WILLIAM T. HARRISON, JR.  
1550 RINGLING BLVD.  
SARASOTA FL 34236

Mailing Address  
% WILLIAM T. HARRISON, JR.  
1550 RINGLING BLVD.  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1986

4. FEI Number

59-2717770

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, WILLIAM T., JR.  
1550 RINGLING BLVD.  
SARASOTA FL 34236

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

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 DP ☐ DELETE  
NAME HARRISON, WILLIAM T., JR.  
STREET ADDRESS 1610 N LODGE DR  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME HARRISON, ADELINE  
STREET ADDRESS 1610 N. LODGE DR.  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE  
NAME HARRISON, III, WILLIAM T  
STREET ADDRESS 4920 NEW PROVIDENCE AVENUE  
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE  
NAME HENDRICK, SUSAN H.  
STREET ADDRESS 8422 CRESCO LANE  
CITY-ST-ZIP INVERNESS FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE  
NAME HARRISON, ROBERT  
STREET ADDRESS 101 W VENICE AVE SUITE 22  
CITY-ST-ZIP VENICE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE  
NAME HARRISON, NANCY C.  
STREET ADDRESS 311 24TH STREET WEST  
CITY-ST-ZIP BRADENTON FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with a I other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
William T. Harrison III  
Treasurer

Date

4/17/99

Daytime Phone #

(813) 286-4199

CR2E034 (11/98)