

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 24 AM 9:49

DOCUMENT # J90872 (9)

1. Corporation Name

PAW'S FAMILY PUB, INC.

Principal Place of Business

**C/O SAM PAGOTO
18481 HWY 41
LUTZ FL 33549
US**

Mailing Address

**C/O SAM PAGOTO
PO BOX 2112
LUTZ FL 33549
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1987

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2837946

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 has liability for insurance tax under s. 198.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PAGOTO, BONITA S
18481 HWY 41
LUTZ FL 33549**

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME PAGOTO, SAM
STREET ADDRESS 18481 HWY 41 NORTH
CITY - ST - ZIP LUTZ FL**

**TITLE VP
NAME PAGOTO, BONITA S
STREET ADDRESS 18481 HWY 41
CITY - ST - ZIP LUTZ FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP**

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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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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.

SIGNATURE: *Sam Pagoto*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR OFFICER

DATE

Signature Number

7/16/95 - 813 949 4853

CR2E034 (3/95)