

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

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M81676 (2)**

1. Corporation Name  
**DOG BUSTERS GROOMING, INC.**



Principal Place of Business <b>4949 4TH ST., N. #A ST. PETERSBURG FL 33703</b>	Mailing Address <b>4949 4TH ST., N. #A ST. PETERSBURG FL 33703-3800</b>
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3. Date Incorporated or Qualified <b>05/16/1988</b>	3a. Date of Last Report <b>07/18/1996</b>
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21. Principal Place of Business <b>6427 54th Ave North</b>	22. Suite, Apt #, etc.	26. Mailing Address <b>6427 54th Ave North</b>	27. Suite, Apt #, etc.
23. City & State <b>St. Petersburg FL</b>	28. City & State <b>St. Petersburg FL</b>	29. Zip <b>33709</b>	30. Country <b>USA</b>

4. FEI Number <b>59-2881453</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VAN GORDER, PEGGY ALICE  
245 29TH AVENUE, NORTH  
ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

81. Name <b>JILL FISHER POWERS, ESQUIRE</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>19353 US Hwy 19 N #100</b>
83.
84. City <b>Clearwater</b>
85. Zip Code <b>FL 34620</b>

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: *Jill Fisher Powers* **JILL FISHER POWERS** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>PD KOEHLER, BETH</b>	<b>245 29TH AVE. N.</b>	<b>ST. PETERSBURG FL</b>	
	<b>V VAN GORDER, PEGGY</b>	<b>245 29TH AVE. N.</b>	<b>ST. PETERSBURG FL</b>	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>DIRECTOR, PRES, TREAS</b>	<b>BETH A. KOEHLER</b>	<b>6427 54th Avenue North St. Petersburg FL 33709</b>	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>DIRECTOR, VP Secretary</b>	<b>Peggy A. Van Gorder</b>	<b>6427 54th Ave North St. Petersburg FL 33709</b>	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Peggy A. Van Gorder* **PEGGY A. VAN GORDER** DATE: **4/20/97** DAYTIME PHONE: **(813) 527-5279**

CR2E034 (9/96)