

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>6427 54TH AVE NORTH ST. PETERSBURG FL 33709 US</b>	Mailing Address <b>6427 54TH AVE NORTH ST. PETERSBURG FL 33709 US</b>
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3. Date Incorporated or Qualified <b>05/16/1988</b>	4. FEI Number <b>59-2881453</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**  
**POWERS, JILL FISHER E**  
**19353 US HWY 19 N #100**  
**CLEARWATER FL 34620**

**10. Name and Address of New Registered Agent**  
 81 Name **PEGGY VAN GORDER**  
 82 Street Address (P.O. Box Number is Not Acceptable) **6427 54th AVE N.**  
 83  
 84 City **ST. PETERSBURG FL** 85 Zip Code **33709**

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 *Peggy A. Van Gorder* DATE **4/14/98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>KOEHLER, BETH</b>	
STREET ADDRESS	<b>6427 54TH AVE NORTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN GORDER, PEGGY</b>	
STREET ADDRESS	<b>6427 54TH AVE NORTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Beth A. Koehler* DATE: **4/14/98** 813-545-0141

CP2E034 (10/97)