

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 JUL 12 AM 11:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # M90663  
 1. Corporation Name  
 O'D BUG, INC.

Principal Place of Business  
 PINELLAS COUNTY  
 2081 LOMA LINDA WAY N.  
 CLEARWATER FL 34623  
 US

Mailing Address  
 2081 LOMA LINDA WAY N  
 CLEARWATER FL 34623  
 US

*new zip 33763*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2081 Loma Linda Way N  
 Suite, Apt #, etc.

22 City & State  
 Clearwater, FL

23 33763  
 County US

24 33763 25 US

2a. Mailing Address  
 26 2081 Loma Linda Way N  
 Suite, Apt #, etc.

27 City & State  
 Clearwater, FL

28 33763  
 Country US

29 33763 30 US

3. Date Incorporated or Qualified  
 07/22/1988

4. FEI Number  
 59-2901870

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.  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

81 Name  
 GRIFFIN, LINDA S.

82 Street Address (P.O. Box Number is Not Acceptable)  
 1455 COURT STREET

83

84 City  
 CLEARWATER FL

85 Zip Code  
 FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'DONNELL, THOMAS J.	
STREET ADDRESS	2081 LOMA LINDA WAY N.	
CITY-ST-ZIP	CLEARWATER FL	
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

Change  Addition

500002943345--0  
 -07/27/99--01076--024  
 \*\*\*\*150.00 \*\*\*\*150.00

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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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: *Thomas J O'Donnell* Thomas J O'Donnell 6/30/99 257 448 8190

CR2E034 (5/99)