

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N19525

(7)

1. Corporation Name
POLYWOGS, INC.



Principal Place of Business
%DOUGLASS, ROBERT
8351 BLIND PASS ROAD
ST. PETERSBURG BCH. FL 33706

Mailing Address
%DOUGLASS, ROBERT
8351 BLIND PASS ROAD
ST. PETERSBURG BCH. FL 33706

3. Date Incorporated or Qualified
03/04/1987

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2602598

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

24

Country

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGLASS, ROBERT A.
8351 BLIND PASS ROAD
ST. PETERSBURG BCH. FL 33706

81 Name

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

800001841398
-05/28/96--01053--005

84 City

***61.25

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 PD ☐ DELETE
NAME NELSON, ROBERT S.
STREET ADDRESS 1201 5TH AVENUE NORTH #207
CITY-ST-ZIP ST. PETERSBURG FL

11 TITLE PD ☒ Change ☐ Addition
12 NAME Monti, Nicholas J.
13 STREET ADDRESS 4801 - 58th Avenue North
14 CITY-ST-ZIP St. Petersburg, FL

TITLE D ☐ DELETE
NAME MONTI, NICHOLAS J.
STREET ADDRESS 4801 58TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

21 TITLE VPD ☒ Change ☐ Addition
22 NAME Nelson, Robert S.
23 STREET ADDRESS 1201 - 5th Avenue North #207
24 CITY-ST-ZIP St. Petersburg, FL

TITLE VPD ☐ DELETE
NAME DOUGLASS, ROBERT A.
STREET ADDRESS 8351 BLIND PASS ROAD
CITY-ST-ZIP ST. PETERSBURG FL

31 TITLE D ☒ Change ☐ Addition
32 NAME Douglass, Robert A.
33 STREET ADDRESS 8351 Blind Pass Road
34 CITY-ST-ZIP St. Petersburg Beach, FL 33706

TITLE SD ☐ DELETE
NAME WARE, RICHARD M.
STREET ADDRESS P.O. BOX 13488 N/A
CITY-ST-ZIP ST. PETERSBURG FL

41 TITLE ☐ Change ☐ Addition
42 NAME Same as last year
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME ULRICH, RICHARD G.
STREET ADDRESS 100 2ND AVENUE SOUTH #606
CITY-ST-ZIP ST. PETERSBURG FL

51 TITLE ☐ Change ☐ Addition
52 NAME Same as last year
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MCCARTHY, VAUGHN E.
STREET ADDRESS 1120 PINELLAS BAYWAY #202
CITY-ST-ZIP TIERRA VERDE FL

61 TITLE ☐ Change ☐ Addition
62 NAME Same as last year
63 STREET ADDRESS
64 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)