FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 5-195 B-6574 XC

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37120 (5)

1. Corporation Name

FRENCH BULLDOG FANCIERS OF MID-FLORIDA, INC.

Principal Place of Business	Mailing Address
1113 S ORANGE ST NEW SMYRNA BEACH FL 32168	1113 S ORANGE ST NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: APPLIED FOR 65-0286416 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 511
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Fruitland Park FL
Zip 24 / Country 25	Zip 29 34731 / Country 30 LAKE

9. Name and Address of Current Registered Agent

HICKMAN, FRED
1113 S ORANGE ST
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name: LINDA CARTWRIGHT
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1409 Pembrook Drive
84 City: Leesburg FL 85 Zip Code: 34748

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: F.O.W. Hickman — 2/27/95
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	11 TITLE	PD Joe Napolitano	☒ Change ☐ Addition
NAME	HICKMAN, FRED	12 NAME		
STREET ADDRESS	1113 S ORANGE ST	13 STREET ADDRESS	925 Lake Charles Circle	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	14 CITY-ST-ZIP	Lutz, FL 33549	
TITLE	VD	21 TITLE	VD Ken Stevens	☒ Change ☐ Addition
NAME	LEWIS, JEFF	22 NAME		
STREET ADDRESS	280 CRESTVIEW DR	23 STREET ADDRESS	6769 Laurina Pl.	
CITY-ST-ZIP	CLERMONT FL	24 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	STEVENS, CAROL	32 NAME		
STREET ADDRESS	6769 LAURINA PL	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	CARTWRIGHT, LINDA	42 NAME		
STREET ADDRESS	1409 PEMBROOK DR.	43 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BECKER, TERRI	52 NAME		
STREET ADDRESS	925 LAKE CHARLES CIR	53 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	P Fred Hickman	☒ Change ☐ Addition
NAME	HICKMAN, BETH	62 NAME		
STREET ADDRESS	1113 S ORANGE ST	63 STREET ADDRESS	1113 S. Orange St.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	64 CITY-ST-ZIP	New Smyrna Bch, FL 32168	

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

SIGNATURE: Linda Cartwright — 4/29/95 — (904) 753-5783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Linda Cartwright

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