

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37120**

1. Corporation Name

**FRENCH BULLDOG FANCIERS OF MID-FLORIDA, INC.**

Principal Place of Business  35525 POINSETTIA AVE FRUITLAND PARK FL 34731 US	Mailing Address  P.O. BOX 511 FRUITLAND PARK FL 34731 US
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**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90037 009 \*\*\*\*61.25



2. Principal Place of Business  21 Suite, Apt. #, etc.	2a. Mailing Address  26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified  <b>03/12/1990</b>
22 City & State  23 Zip 24 Country	27 City & State  28 Zip 29 Country	4. FEI Number  <b>65-0286916</b>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent  CARTWRIGHT, LINDA 35525 POINSETTIA AVE FRUITLAND PARK FL 34731		10. Name and Address of New Registered Agent
		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		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 NAME STREET ADDRESS CITY-ST-ZIP	PD NAPOLITANO, JOE 925 LAKE CHARLES CIRCLE LUTZ FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Whitt, Larry 10802 Grace DR Gibsonton FL 33534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITT, LARRY 10802 GRACE DR GIBSONTON FL 33534	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Jody Engel 5980 Valerian Blvd Orlando FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, DEANNA 362 RIDGE DR NAPLES FL 33963	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Carol Ann Stevens 6769 Laurina Place Jacksonville FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTWRIGHT, LINDA 355525 POINSETTIA AVE FRUITLAND PARK FL 34731	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, TERRI 925 LAKE CHARLES CIR LUTZ FL 33549	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Diane Lewis 710 SE Atlantic Dr. Lantana, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHILSTONE, BOB RR1 BOX 667 TRENTON FL 32693	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Ken Stevens 6769 Laurina Place Jacksonville FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

**SIGNATURE:** *Linda Cartwright* **QUALIFIED** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **02-08-99** **352-394-3001**

CR2E037-111998