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Mar 03, 1999 8:00 am
Secretary of State

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

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/12/1990 4. FEI Number 65-0286916 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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 FL 85 Zip Code			
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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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAPOLITANO, JOE		1.2 NAME	Whitt, Larry			
STREET ADDRESS	925 LAKE CHARLES CIRCLE		1.3 STREET ADDRESS	10802 Grace Dr			
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	Gibsonton FL 33534			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITT, LARRY		2.2 NAME	Jody Engel			
STREET ADDRESS	10802 GRACE DR		2.3 STREET ADDRESS	5980 Valerian Blvd			
CITY-ST-ZIP	GIBSONTON FL 33534		2.4 CITY-ST-ZIP	Orlando FL 32819			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, DEANNA		3.2 NAME	Cardi Ann Stevens			
STREET ADDRESS	362 RIDGE DR		3.3 STREET ADDRESS	6769 Laurina Place			
CITY-ST-ZIP	NAPLES FL 33963		3.4 CITY-ST-ZIP	Jacksonville FL 32216			
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTWRIGHT, LINDA		4.2 NAME				
STREET ADDRESS	35525 POINSETTIA AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	FRUITLAND PARK FL 34731		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BECKER, TERRI		5.2 NAME	Diane Lewis			
STREET ADDRESS	925 LAKE CHARLES CIR		5.3 STREET ADDRESS	710 SE Atlantic Dr.			
CITY-ST-ZIP	LUTZ FL 33549		5.4 CITY-ST-ZIP	Lantana, FL 33462			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHILSTONE, BOB		6.2 NAME	Ken Stevens			
STREET ADDRESS	RR1 BOX 667		6.3 STREET ADDRESS	6769 Laurina Place			
CITY-ST-ZIP	TRENTON FL 32693		6.4 CITY-ST-ZIP	Jacksonville FL 32216			

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 **02-08-99** **352-394-3001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)