

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Oct 12 1998 8:00am  
Secretary of State

0010338

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004171 (2)

1. Corporation Name

LIONS AND TIGERS AND BEARS, OH MY CORPORATION

Principal Place of Business

Mailing Address

8512 43RD AVENUE DR. WEST  
BRADENTON FL 34209

8512 43RD AVENUE DR. WEST  
BRADENTON FL 34209



2. Principal Place of Business 21 2901 26th ST Suite, Apt. #, etc. 22 # 209 City & State 23 Bradenton FL Zip 24 34205	2a. Mailing Address 25 2901 26th ST Suite, Apt. #, etc. 26 # 209 City & State 27 Bradenton FL Zip 28 34205 Country 29 MANATEE
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3. Date Incorporated or Qualified 08/07/1996	4. FEI Number 65-0677054	Applied For Not Applicable
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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MCGOWAN, DAVID P 8512 43RD AVENUE DR. WEST BRADENTON FL 34209	10. Name and Address of New Registered Agent 81 Name N/A ~ Same 82 Street Address (P.O. Box Number is Not Acceptable) 2901 26th St # 209 83 84 City Bradenton FL 85 Zip Code 34205
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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 N/A ~ Same

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	D PETTIGREW, SUSAN STREET ADDRESS 94 STELLA RD CITY-ST-ZIP BELLINGHAM MA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MPT MCGOWAN, DAVID STREET ADDRESS 8512 43RD AVE DR W CITY-ST-ZIP BRADENTON FL	1.2 NAME	
TITLE	DVS DEBAY, LAWRENCE STREET ADDRESS 8512 43RD AVE DR W CITY-ST-ZIP BRADENTON FL	1.3 STREET ADDRESS	
TITLE		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	MPT MCGOWAN, DAVID
TITLE		2.3 STREET ADDRESS	2901 26th St #209
TITLE		2.4 CITY-ST-ZIP	Bradenton FL 34205
TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	DVS DEBAY, LAWRENCE
TITLE		3.3 STREET ADDRESS	2901 26th St #209
TITLE		3.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	100002662101
TITLE		4.3 STREET ADDRESS	-10/13/98--01010--003
TITLE		4.4 CITY-ST-ZIP	***61.25
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

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.

SIGNATURE: David McGowan DAVID MCGOWAN 9-29-98/941-758-9279  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)