FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P92000011230 (9)

FILED May 14 1998 8:00am Secretary of State

	L PERKINS D.O.G., INC.			,			
Principal Place	e of Business	Mailing Address			1 i Maitadit sin inten tones autes muste marti auten :	1001 17510 11960 14)11 00 (1 700 1
801 LAUREL OAK DRIVE 801 LAUREL OAK DRIVE SUITE 640 SUITE 640 NAPLES FL 34106 NAPLES FL 33963 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					12/11/1992		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21 26			<u>_</u>		65-0378400		ot Applicable
			ite	710	5. Certificate of Status Desired	T	Additional equired
City & State		City & State			Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added	to Fees
Zip 24	25 Country Zip 34108 30		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		_ ~
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Flegisters	d Agent	
WO	ODWARD, MARK J		81	Name	-		
801 LAUREL OAK DRIVE				Street Addre	ess (P.O. Box Number ja Not Acceptable)		
SUITE 640			82	on out maine	Luite 1/1	<u>) </u>	
NAPLES FL 34108			83				
			84	City		85 Zip	Code
office or re agent. I a	to the provisions of Sections 607,056 agistered agent, or both, in the State or familiar with, and accept the oblig Signature typed or provide name of registered ag	of Florida Such change was aut ations of, Section 607.0505, Florid	horized by th da Statutes.	he corporation	pration submits this statement for the purpose on's troard of directors. I hereby accept the a d when relastang)	ppointment as	ts registered registered
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE		Či-	Change	Addition
NAME	WOODWARD, MARK J		1.2 NAME		Suite 7	10	
STREET ADDRESS	801 LAUREL OAK DRIVE SUI	TE 640	1.3 STREET AD	ODRESS	sauce 1		
CITY-ST-ZIP	NAPLES FL		1.4 CITY - \$1 - 2	ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		,	Change	Addition
NAME	PIRES, ANTHONY P JR				Suite 7	10	
STREET ADDRESS 801 LAUREL OAK DR, SUITE 640			2.3 STREET AD	DDRESS	sauce "	,0	
CITY-ST-ZIP	NAPLES FL	The second	2. 4 CITY - ST -	ZIP			4.122
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET AD	1			
CITY-ST-ZIP		Driete	3.4. CITY-ST-	ZIP		Change	Labilitan
TITLE		☐ DELETE	4.1 TITLE]		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD				
CITY-ST-ZIP		DELETE	4.4 CITY - ST - 3	ZIP		Change	Addition
TITLE		C) percit	5.1 TITLE			change	- ROUIDIN
NAME OTOGET ADDOGEC			5.2 NAME	ADDECC			
STREET ADDRESS			5.3 STREET AD				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - 3 6.1 TITLE	ZIP		Change	Addition
		DECEIL				☐ Onninge	1 POURIUM
NAME			6.2 NAME	NDDCCC			
STREET ADDRESS			6.3 STREET AD				
CITY-ST-ZIP	and the state of t	ith this time close not prolife for	6.4 CITY - SI - 3		Section 110.07/3)(i) Florida Statutae I further	portific that the	information

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 informatio 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Woodward.

4/30/98

(941) 566-3131