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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000013730 (6)

PASADENA BOARDING KENNELS, INC.

FILED

· May 09 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address						1811) 18181 1888	HITT IN SUB-INIT	B B I I F B B I	
6735 GULFPORT ST PETERSBUR US	T BLVD \$ 13 FL 33707	6735 GULFPORT BLVD \$ ST PETERSBURG FL 33707-3842 US							
					 Date Incorporated or Qualifit 12/23/1992 		te of Last R 8/1996	leport	
	lace of Business	2a. Mailing Address			4. FEI Number			oplied For	
Sulto Act # etc		[26]			59-3157989		and the desired parties of	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional	
City & State		City & State			6. Election Campaign Financin				
23		28			Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Count	гу	8. This corporation has liability				
24	25	29	30	-	Florida Statutes	Yes D		. 100.002	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New	Registered #	lgent		
DOS	S, NOBLE C		8	1 Name					
	GULFPORT BLVD		82 Street A		Address (P.O. Box Number is Not Acces	ddress (P.O. Box Number is Not Acceptable)			
ST P	ETERSBURG FL 33707								
			. 8	3		÷			
			8	4 City			85 Zip (Code	
],		FL			
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida S	tatutes, the abo	ve-named	d corporation submits this statement for the rporation's board of directors. I hereby ac	ne purpose of	changing it	ts registered	
agent. La	im familiar with, and accept the obliga	ations of Section 607.050	5, Florida Statut	98.	porations board of directors, thereby ac	cept the appt	JITHITICH AS	registered	
SIGNATURE.	J Malla	Val.		No	oble C. Doss, Regi	stered	Agen	t 3/18	
		- 		gont signatur	re required whos reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O				
TITLE	PSTD.	DELETE			PSD		X Change	Addition	
NAME	HUGHART, KAREN D		1.2 NAMI						
STREET ADDRESS	6604 BLUE HERON DR S			ET ADDRESS					
CITY-ST-ZIP TITLE	ST PETERSBURG FL 33707	DELETE	1.4 GBY- 2.1 DBLE		T		Change	X Addition	
NAME		L Miller	2.2 NAM		Lynn Marie Keise:		L Change	X Nonling	
					1 choc				
STREET ADDRESS				E1 ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2 4 City 3 t Title		St. Petersburg,	<u>: 11. 33</u>	Change	Addition	
NÁME			3 2 NAM			A1 199	Orlango	[//odition	
STREET ADDRESS				Et address					
CITY-ST-ZIP			3.4. CITY						
TITLE		DELE 1E					Change	Addition	
NAME			4. 2 NAM					,	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			4.4 City						
TITLE	<u> </u>	DELETE					Change	Addition	
NAME		_	5 2 NAM				•		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE					☐ Change	Addition	
NAME			6.2 NAM				=		
STREET ADDRESS			6.3 STHE	ET ADDRESS					
CITY-ST-ZIP			6.4 CHY						
14. I do here	by certify that the information supplied	d with this fiting does not d	quality for the ex	emption	stated in Section 119.07(3)(i), Florida Sta	lutes. I further	certify that	tho	
intormatio	on indicated on this annual report or softicer or director of the corporation or	supplemental annual repor r the receiver or trustee en	t is true and aci ipowered to exc	curate and ecute this	d that my signature shall have the same report as required by Chapter 607, Florid	egai ettect as da Statutes; ar	ii made un nd that my r	.der oath; thaf name	