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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000013730 (6)

PASADENA BOARDING KENNELS, INC.

FILED Jan 21 1998 8:00am Secretary of State



,					
Principal Place of Business Mailing Address					
6735 GULFPORT BLVD S 6735 GULFPORT BLVD S					
ST PETERSBURG FL 33707 ST PETERSBURG FL 33707 US			7	DO NOT WRITE IN THIS SPACE	
08		US		3. Date Incorporated or Qualified	
				12/23/1992	
2. Principal P	lace of Business	2a. Mailing Address /		4. FEI Number	Applied For
27 6735 Gulffort Blod 50 26 (A)			N_	59-3157989	Not Applicable
Suite, Apt #, etc. Suite, Aptc#, etc.			7		CO 7E 1
22 27 / /				5. Certificate of Status Desired	Fee Required
City & State, City & State				6. Election Campaign Financing	\$5.00 May Be
23 St. Retersbury 15-lorida 28				Trust Fund Contribution	Added to Fees
			Country	8. This corporation owes or has pa	aid the current year Intangible
24 21 10	25 United States	2973 <i>370</i> 7 3	30	Personal Property Tax due June	- ' - `
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
l po	SS, NOBLE C		81 Name		•
5209 GULFPORT BLVD			82 Street Add	iress (P.O. Box Number is Not Acceptab	de)
ST PETERSBURG FL 33707				mess (F.O. Box Notificer is Not Acceptate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			83		
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
	The same will all all all all all all all all all	10.10 01, 000201. 001.10000, 1101.	aa, orangiosi		•
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSD	DELETE	1.1 TITLE		Change Addition
NAME	HUGHART, KAREN D		1.2 NAME		
STREET ADDRESS	6604 BLUE HERON DR S		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1 4 CITY-ST-ZIP		
TITLE	Ť	☐ DELETE	2.1 TITLE		Change Addition
NAME	KEISER, LYNN MARIE		2.2 NAME		
STREET ADDRESS	6735 GULFPORT BLVD S		2.3 STREET ADDRESS		•
CITY-ST-ZIP	ST PETERSBURG FL	_	2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-2IP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	4	☐ Change ☐ Addition
NAME		_	6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	artify that the information symplied with	this filling does not qualify for		Section 119 07(3)(i) Florida Statutes I	further certify that the information

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(3)(t), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 applicable.