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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

| \ _ | | 1999 | | DIVISION | JF CO | IKPUKAT | IUNS | 01-29-1999 90008 044 *** | *150.00 | |
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| [| OCU | MENT # P94000 | 006 | 3571 | | | | | | |
| ĺ | SALTY D | DOG ENTERPRISES, INC. | | | | | | 1 | | |
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| } | | | | | | | • | | | |
| Principal Place of Business Mailing Address 2920 W EL PRADO BLVD 2920 W ELPRADO BLVD | | | | | | | | a indinent hiji sarit dibin datih da | IN BOOM OBIN BONG DISE DISE IDOOF MON SOON | |
| 29 | 20 W EL PR/ | ADO BLVD | O W ELPRADO BLVO |) | | | | | | |
| | YSHORE WA | | BAYSHORE WALK #5 | | | | | DO NOT WRITE IN THIS SPACE | | |
| | TAMPA FL 33629-8959 US | | TAMPA FL 33629-8959 US | | | | | 3. Date Incorporated or Qualifed | | |
| - | | | • | | | | | 01/27/1994 | | |
| 2. | Principal P | Place of Business | 2a. | Mailing Address | | | | 4. FEI Number | Applied For | |
| 21 | | | 26 | | | | | 59-3382395 | Not Applicable | |
| _ | Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | | 27 | <u> </u> | | | | | Fee Required— | |
| <u> </u> | City & Stat | le . | ļ | City & State | | | | 6. Election Campaign Financing | □ \$5.00 May Be | |
| 23 | Zip | Country | 28 | Zip | | Country | | Trust Fund Contribution | Added to Fees | |
| 24 | • | 25 | 29 | ΣIP | 30 | ¬ ' ' | , | This corporation owes the currence Personal Property Tax. | ent year Intangible ☐ Yes ☐ No | |
| 24 | | 9. Name and Address of Curren | | tered Agent | ; 30 | " | | 10. Name and Address of New R | | |
| \vdash | | MOREOTE I | 1.32.50 | 237 | | 81 | Name | | | |
| ļ | en JEFF | RIES, C. COLE JR. | | | | 82 | Street Add | ress (P.O. Box Number is Not Accepta | blo | |
| 2920 W ELPRADO BLVD #5 | | | | 82 Stree | | | Street Addi | ress (P.O. Box Number is Not Accepta | DIE) - 2 mars 1 mars among within an at 1.50ms 14c 25g | |
| | TAM | PA FL 33629 | | | | 83 | | | | |
| { | | | | · | | 84 | City | | 85 Zip Code | |
| 134 | ers nog militarys | EBAS STORIS | | <u> </u> | | 1 | * | | FL () | |
| 54 | Pursuant | to the provisions of Sections 607.050 | 2 and 60 | 7.1508, Florida Sta | itutes, | the above | e-named corp | poration submits this statement for the on's board of directors. I hereby accept | purpose of changing its registered | |
| | ≦#agent. I a | nm familiar with, and accept the obliga | tions of | Section:607.0505, | Florida | a Statutes | i. | on a bound of directors. I hereby accep | t the appointment as registered | |
| s | GNATURE | | - ti | | | | <u> </u> | | | |
| 12 | 2. | Signature, typed or printed name of registered ager OFFICERS AN | | | OTE: Re | gistered Ager | nt signature require | ADDITIONS/CHANGES TO OF | TICERS AND DIRECTORS IN 12 | |
| TIT | | PSD | <u> </u> | DELETE | | 1.1 TITLE | | 78 70 30505 | Change Addition | |
| | ME | JEFFRIES, C. COLE JR. | | | . | 1.2 NAME | | ે પ્રાપ્તિ માટે મેં મેં કે | 2 , 2 | |
| STI | REET ADDRESS | 2920 W ELPRADO BLVD #5 | | | - 1 | 1.3 STREE | TADORESS | | • | |
| CIT | Y-ST-ZIP | TAMPA FL | | | 1 | 1.4 CITY-S | T-ZIP | | | |
| TIT | LΕ | | | ☐ DELETE | | 2.1 TITLE | | | . Change Addition | |
| ŅA | ME | • | • | • |] | 2.2 NAME | j | • | | |
| STI | REET ADDRESS | | | | | 2.3 STREET | ADDRESS | • | _ · · · · · · · · · · · · · · · | |
| | Y-ST-ZIP | | <u> </u> | | | 2.4 CITY-5 | T-ZIP | | | |
| 111 | Vale | REBUCIONE I | • | DELETE | | 3.1 TITLE | | * | ☐ Change ☐ Addition | |
| | ME AT THE | | | | | 3.2 NAME | | | | |
| ITS | REET ADDRESS | | | | | 3.3 STREET | | 1.1. 医艾尔泽特酰酸 | | |
| CIT TIT | | | | DELETE | | 3.4. CITY-S 4.1 TITLE | T-ZIP | <u> </u> | Change | |
| | | | | _ OLLLIC | | 4.1 ISILE 4.2 NAME | 1 | रशः = ः ः इत्याप्ति अतः अस्यापा वस्य | 1 to | |
| 23 | ME JANELOR PEETADODESS | 900 A.C. | 1,31 | | | 4.2 NAVIE | T ADDOCCC | | | |
| | REET ADDRESS Y-ST-ZIP 778 | | р† 6. | ing die 1960 Oprige 1960 blei en | | 4.4 CITY-S | ľ | | | |
| TIT | | | 1,: | ☐ DELETE | | 5.1 TITLE | | | Change Addition | |
| NA | ME: | | | | 1 | 5.2 NAME | - 1 | | _ , _ | |
| | • | * | | | | | | \$ 1771 P. 18 | | |
| | REET ADDRESS | 2. | | | | 5.3 STREET | ADDRESS | | | |
| CIT | Y-ST-ZIP | PS0 - | | | | 5.3 STREET 5.4 CITY-S | ĺ | | | |
| TIT | Y-\$T-ZIP LE | WEST SHEET STATES | | ☐ DELETE | | | ĺ | | , Change Addition | |
| | Y-ST-ZIP LE ME | WEFFELD OUT 2020 V DYSTON T A F | | ☐ DELETE | | 5.4 CITY-S | ĺ | | , Change Addition | |
| TIT | Y-\$T-ZIP LE | WEST SHEET STATES | | ☐ DELETE | | 5.4 CITY-S' 6.1 TITLE | T-ZIP | | , ☐ Change ☐ Addition | |

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 607, 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: Q SUNTINE REQUIRED JAN. 13, 1999 813-653-5500
Dayling OFFICER OR DIRECTOR
Dayling Phone #