FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P94000014548 (9) DOCUMENT # **DOGWATER MANAGEMENT CORPORATION** Principal Place of Business Mailing Address 8300 BAY PINES BLVD 7250 ULMERTON RD ST. PETERSBURG FL 33701 SUITE A **LARGO FL 33771** 3. Date Incorporated or Qualified 02/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3228193 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country Zφ Country 30 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name MASCARA, ERNEST L **GLADES BLDG., SUITE 303** Street Address (P.O. Box Number is Not Acceptable) 877 EXECUTIVE CENTER DR. WEST ST. PETERSBURG FL 33702 84 City Pursuant to the previsions of office or registered agent, or agent. I am familiar ville, and SIGNATURE 12 13. DELETE 1.1 TITLE TITLE **PSD** NAME DROZDYK 1.2 NAME 8300 BAY PINES BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME

## **FILED** Apr 28 1998 8:00am Secretary of State

CR2E034 (10/97

DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Yes ☐ No 10. Name and Address of New Registered Agent Zip Code octions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered with, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition JOHNSON, BRIAN STREET ADDRESS 8300 BAY PINES BOULEVARD 2 3 STREET ADDRESS ST. PETERSBURG FL 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE MALAF 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this wing does not qualify for the exemption stated in Section 119.07(3)(1), 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 requirer or trasted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the red Block 12 or Block 13 if changed, or on an atte

SIGNATURE: