## 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

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DOCUMENT #

P94000014548

1. Corporation Name

DOGWATER MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

116 Phillips Way

Palm Harbor, FL 34683

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90270 024 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					02/10/94				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
2506	Countryside Blvd.	26 c/o Professional Business			59-3228193		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. Accounting			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
22		27 7250 Ulmerton Rd., #A							
City & Stat	e	City & State			6. Election Campaign Finance	<b>\$5.00</b> May Be			
23 Clear	water, FL	28 Largo, FL	28 Largo, FL			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	7	8. This corporation owes the				
24 33763	25 US	29 34641	30 US		Personal Property Tax.		Yes	□No	
, , , , , , , , , , , , , , , , , , ,	9. Name and Address of Curren	it Registered Agent			10. Name and Address of N	ew Registered /	Agent		
			81	Name					
 		2 Street Address (P.O. Box Number is Not Acceptable)							
			**	Oli Col / lak	dress (F.O. Box (Manibo) to Free Fie	<b></b> ,			
			83						
							]ac  7:- (	\	
			84	City		FL	85 Zip (	,00 <del>0</del>	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	es, the abov	e-named cor	poration submits this statement fo	the purpose of	changing its	registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was au	ulhorized by	the corporal	tion's board of directors. I hereby a	accept the appoir	ntment as re	gistered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607,0505, Flor	noa Statules	š.					
SIGNATURE	Signature, typed or printed name of registered agen	ot and bile if applicable INOTE:	Registered Age	ot signature regui	ired when reinslating)	DATE			
12.		ID DIRECTORS	13.	ik oigiratara toqui	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	PSD	DELETE	11 TITLE	D	PST			Addition	
NAME			1.2 NAME	I .	Prozdyk, John				
	Drozdyk				16 Phillips Way				
STREET ADORESS	116 Phillip Way	2/692	1.4 CITY-S	- 1	Palm Harbor, FL 34	683			
CITY-ST-ZIP TITLE	Palm Harbor, FL	34683 □ DELETE	2 1 TITLE	JI-ZIF F	AIM HAIDOL, FL 3	1003	☐ Change	[ ] Addition	
		<u> </u>	2.7 HILE				_ `		
NAME				T 4000000					
STREET ADDRESS				T ADORES\$					
CITY-ST-ZIP		□ DCLETE	2. 4 CITY-	ST-ZIP			☐ Change	Addition	
TITLE		☐ DELETE	3.1 TITLE				□ ouinia	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME			3.2 NAME				Ť		
STREET ADDRESS				TADDRESS					
CJTY-ST-ZIP			3.4. CITY-	ST-ZIP			Clobacc	☐ Addition	
TITLE		☐ DELETE	4.1 TITLE				Change		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADORESS			1		
CITY-ST-ZIP	·		4.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	5 t TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS	•		5.3 STREE	TADORESS					

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 attackment with an address, with all other like empowered.

NO DEFICER OF DIRECTOR

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

62 NAME

☐ DELETE

SIGNATURE:

John Brozdyk

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

April 26, 1999

(727) 791-0177

Change

Addition

CR2E034 (11/98)