FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000052993 (0)**

1. Corporation Name
DOGIPOT, INC.

Principal Place of Business	Mailing Address
2247 N. CITRUS BLVD. #340 LEESBURG FL 34748	2247 N. CITRUS BLVD. #340 LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report:

2. Principal Place of Business 21 3079 S. Kirkman Rd.	2a. Mailing Address 26 P.O. Box 618305	4. FEI Number 59-3358740	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 #158	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Orlando, FL.	City & State 28 Orlando, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32811 / 25 Orange	Zip / Country 29 32861-8305 / 30 Orange	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DENION, JOSEPH B 1031 WEST MORSE BLVD. SUITE 200 WINTER PARK FL 32789	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☑ Change ☐ Addition
NAME	PETERSEN, JUERG G	12 NAME	Petersen, Juerg G	
STREET ADDRESS	2247 N. CITRUS BLVD., #340	13 STREET ADDRESS	3079 S. Kirkman Rd. #158	
CITY-ST-ZIP	LEESBURG FL 34748	14 CITY-ST-ZIP	Orlando, FL. 32811	
TITLE	D	21 TITLE	VP	☑ Change ☐ Addition
NAME	PAULI, MAYA R	22 NAME	Pauli, Maya	
STREET ADDRESS	2247 N. CITRUS BLVD., #340	23 STREET ADDRESS	14530 Quail Trail Circle	
CITY-ST-ZIP	LEESBURG FL 34748	24 CITY-ST-ZIP	Orlando, FL. 32837	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, added or in an attachment with an address.

SIGNATURE: Juerg G. Petersen 4/23/95 (407)299-2393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0378702 CP