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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90031 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000006964

1. Corporation Name

AGAPE ANIMAL CENTER, INC.

Principal Place of Business

2620 E. 15TH STREET  
CEDAR GROVE FL 32405

Mailing Address

2620 E. 15TH STREET  
CEDAR GROVE FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1995

4. FEI Number

59-3292719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 625 N. Tyndall PKWY  
Suite, Apt. #, etc.

26 625 N. Tyndall PKWY  
Suite, Apt. #, etc.

22 CALLOWAY, FL  
City & State

27 CALLOWAY, FL  
City & State

23 32404  
Zip

28 32404  
Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

BYAS, ALBERT A  
2021 FORREST AVENUE  
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name ALBERT A BYAS

82 Street Address (P.O. Box Number is Not Acceptable)

83 8835 TRACY WAY

84 City PANAMA CITY FL 85 Zip Code 32404

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	BYAS, ALBERT A.	1.2 NAME	ALBERT A. BYAS
STREET ADDRESS	2021 FOREST AVE.	1.3 STREET ADDRESS	8835 TRACY WAY
CITY-ST-ZIP	PANAMA CITY FL 32405	1.4 CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	V	2.1 TITLE	V
NAME	BYAS, SHERI P.	2.2 NAME	SHERI P BYAS
STREET ADDRESS	2021 FOREST AVE.	2.3 STREET ADDRESS	8835 TRACY WAY
CITY-ST-ZIP	PANAMA CITY FL 32405	2.4 CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)