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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 06 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064453 (0)

INVISIBLE FENCE OF THE GULF COAST, INC.

Principal Place of Business Mailing Address								t manifet ma hann aben etter entre antin anite antin Ernte artes frit and	
9007 63RD A				9007 63RD AVE., EAST					
BRADENTON FL 34202				BRADENTON FL 34202					DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
									08/21/1995
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For
Strike And 41 of a				26 Suite Ant H etc					65-0601764   Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
City & State				City & State					Election Campaign Financing     \$5.00 May Be
23			28	<del></del>					Trust Fund Contribution Added to Fees
Zip	p Country			Zip Cou			,		8. This corporation owes or has paid the current year Intangible
24	25		29						Personal Property Tax due June 30. 🔀 Yes 🗌 No
9. Name and Address of Current				egistered Agent					10. Name and Address of New Registered Agent
	nnett, ja					81		Name	
	07 <b>63</b> RD A				82	:	Street Addre	ess (P.O. Box Number is Not Acceptable)	
j BR.	ADENTON	FL 34202				92			
						83			
						84	(	City	85 Zip Code
11. Pursuant	to the provis	ions of Sections 607	0502 and 1	607 1508 Florida Stat	tutoe ti	ho above		named porte	FL   BS   Z-15 Cook oration submits this statement for the purpose of changing its registered
office or r	registered ac	gent, or both, in the S	state of Flor	ida. Such change wa	is autho	orized by	/ th	ne corporation	on'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	for printed name of registere	of agent and titl	e d applicable (N	IO1t: Reg	ristered Age	ent s	signature requirer	od when reinstating) DATE
12.		OFFICERS	AND DIRE			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD			☐ DELETE		1.1 TITLE			Change Addition
NAME	BENNET	T, GEORGE J				1.2 NAME			
STREET ADORESS		NACEL POINT DR	IVE			1.3 STREET	AD	idress	
CITY-ST-ZIP		DAT KEY FL				1.4 CHTY-S	1-2	ZiP	
TITLE	PD			☐ DFLE <b>TE</b>		21 TITLE			Change Addition
NAME		T, JAMES G				2.2 NAME			
STREET ADDRESS		RD AVE., EAST				2.3 STREET			
CITY-ST-ZIP TITLE	STD	ITON FL		DELETE	_	2. 4 CITY - S 3.1 TITLE	31 -	ZIP	Change Addition
NAME		T, JOYCE A		_ seeme		3.2 NAME			Collarige C. Addition
STREET ADDRESS		RD AVE., EAST				3.3 STREET	ΔD	ORESS	
CITY-ST-ZIP	BRADEN					3.4 CITY-S			
TITLE				☐ DELETE		4.1 TITLE			Change Addition
NAME					1	4. 2 NAME			
STREET ADDRESS						4.3 STREET	ADI	ORESS	
CITY-ST-ZIP						4.4 CITY-S	1 - Z	₫P	
TITLE				☐ DELETE		5 1 TITLE			Change Addition
NAME					- 1:	5.2 NAME			
STREET ADDRESS						5.9 STREET	ADI	DRESS	
CITY-ST-ZIP				Delete		5.4 CITY - ST	T - Z	IP 90	
TITLE				☐ DELETE		6.1 TITLE			L Change L Addition
NAME CTREET ADDRESS					1	6.2 NAME	ır.	20000	
STREET ADDRESS						6.3 STREET			
CITY-ST-ZIP 14. I hereby c	ertify that th	e information supplie	d with this	filing does not qualify	for the	6.4 CITY - ST exempt	ior	n stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this annu	al report or supplam	ental annua	al report is true and a	ccurate	and tha	at r	my sionature	e shall have the same legal effect as if made under oath; that I am an ired by Chapter 607, Florida Statutes; and that my name appears in
Block 12	or Block 13 i	t changed, or on an	atlachment	with an address.	O BABCI	ule (1857 	cł,	. f	
			17	<del>/                                    </del>	I			* 1	1 At 2