

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 13 1997 8:00am  
Secretary of State

DOCUMENT # P95000065991 (8)

1. Corporation Name:  
BULLDOG ASSOCIATES, INC.



Principal Place of Business

2709 PARLAY LANE  
NORTH PORT FL 34287

Mailing Address

2709 PARLAY LANE  
NORTH PORT FL 34286-4342

3. Date Incorporated or Qualified  
08/25/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 2709 Parlay Lane

Suite Apt #, etc.

22 City & State

23 North Port, FL

24 34286-4342

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

4. FEI Number

65-0604982

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRUMP, JUDY A  
2709 PARLAY LANE  
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name

Judy A. Cofferen

82

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

2709 Parlay Lane

83

84 City

North Port

FL

85 Zip Code

34286-4342

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 *Judy A. Cofferen*

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

3/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME CRUMP, JUDY A  
STREET ADDRESS 2709 PARLAY LANE  
CITY-ST-ZIP NORTH PORT FL 34287

TITLE D ☐ DELETE

NAME COFFEREN, JAMES M  
STREET ADDRESS 2709 PARLAY LANE  
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition

1.2 NAME Judy A. Cofferen  
1.3 STREET ADDRESS 2709 Parlay Lane  
1.4 CITY-ST-ZIP North Port, FL 34286-4342

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME James M. Cofferen  
2.3 STREET ADDRESS 2709 Parlay Lane  
2.4 CITY-ST-ZIP North Port, FL 34286-4342

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Judy A. Cofferen* JUDY A. COFFEREN

3/10/97

Date

941-426-1507

Daytime Phone #

CR2E034 (9/96)