

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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**
 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

2. Principal Place of Business
 21 **2709 Parlay Lane**
 Suite Apt #, etc.
 22
 City & State
 23 **North Port, FL**
 Zip Country
 24 **34286-4342** 25
 2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 **30**

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* (NOTE: Registered Agent signature required when reinstating) DATE: **3/10/97**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	CRUMP, JUDY A	
STREET ADDRESS	2709 PARLAY LANE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COFFEREN, JAMES M	
STREET ADDRESS	2709 PARLAY LANE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** DATE: **3/10/97** DAYTIME PHONE #: **941-426-1507**

CR2E034 (9/96)