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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000007119 (6)

ASK MARY PET SITTING, INC.

Mailing Address

**Principal Place of Business** 10192 - 115TH AVE., N. P.O. BOX 459 LARGO FL 34643 **LARGO FL 34649** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1996 2. Principal Place of Business Mailing Address Applied For 59-3354616 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Son No 25 30 Personal Property Tax due June 30. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **R1** Name REISSMAN, MARSHALL G 4001 W. KENNEDY BLVD., STE. 307 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33609** 83 84 City 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** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition NAME PURCELL, MARY 12 NAME CR2E034 10192 - 115TH AVE., N. STREET ADDRESS 1.3 STREET ADDRESS **LARGO FL 34643** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition MILE 21 TITLE LAFFEY, DOREEN 22 NAME Lisa Arno HALE 10192 115 Ave N Lorgo, Fl. 33773 STREET ADDRESS 13125 WILCOX RD A2B2 23 ATREET ADDRESS CITY-ST-ZIP LARGO FL CITY - ST - ZIP DELETE **X** Addition TITLE 3 1 TLE Change CORBIN. LAURA NAME AMF 556 1/2 16TH AVE NE STREET ADDRESS REET ADDRESS ST PETERSBURG FL CITY-ST-ZIP TV-ST-ZIP TITLE DELETE Change Addition MAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE Change Addition TITLE NAME REET ADDRESS STREET ADDRESS 1Y-51-21P CITY-ST-ZIP ☐ Addition DELETÉ ΓŁΕ Change MF **STREET ADDRESS** IREET ADDRESS ITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the etemption 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 trustue 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 my address.

SIGNATURE:

**FILED** 

May 07 1998 8:00am

Secretary of State