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

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P96000007171 *JeK*

1. Corporation Name

DOGWATER CAFE IV, INC.

Principal Place of Business	Mailing Address
11408 U.S. 19 North Port Richey, FL 34668	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
01/23/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21 11408 U.S. Hwy 19 North	26 c/o Professional Business	59-3384295		Not Applicable
Suite, Apt. #, etc. 22	**Suite, Apt. #, etc.** Accounting 27 7250 Ulmerton Rd., #A	**5. Certifcate of Status Desired** ☐		**$8.75** Additional Fee Required
City & State 23 Port Richey, FL	**City & State** 28 Largo, FL	**6. Election Campaign Financing** Trust Fund Contribution ☐		**$5.00** May Be Added to Fees
Zip 24 34668 **Country** 25 US	**Zip** 29 34641 **Country** 30 US	**8. This corporation owes the current year Intangible Personal Property Tax.** ☑Yes ☐No		

9. Name and Address of Current Registered Agent

John Drozdyk
116 U.S. 19 North
Palm Harbor, FL 34683

10. Name and Address of New Registered Agent

81 **Name** John Drozdyk
82 **Street Address (P.O. Box Number is Not Acceptable)** 116 Phillips Way
83
84 **City** Palm Harbor, FL 85 **Zip Code** 34683

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 _____, John Drozdyk_____ April 26, 1999
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 DPST ☐ DELETE **NAME** Drozdyk, John **STREET ADDRESS** 116 Phillips Way **CITY-ST-ZIP** Palm Harbor, FL 34683	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 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: _____ April 26, 1999 (727) 791-0177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John Drozdyk, President

CR2E034 (11/98)