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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054345 (9)

PRECIOUS PET SITTING SERVICE OF NORTH NAPLES, IN C.

138 WICKLIFF NAPLES FL 3		138 WICKLIFFE DRIVE NAPLES FL 34110				DO NOT WRITE IN THIS SP.  3. Date Incorporated or Qualified  06/26/1996	ACE	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	TAD	plied For
21 26						65-0677288	<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	··· <del>·</del>			1	\$8.75	<del></del>
22		27				5. Certificate of Status Desired	Fee Re	
City & State City & State						Election Campaign Financing	\$5.00	
23		28	т			Trust Fund Contribution	Added t	
— Zip	<b>-</b> ' <b></b> ' <b></b> '		Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30.			□ No
	9. Name and Address of Curren	nt Hegistered Agent		<del></del>	7	10. Name and Address of New Registered Ag	ent	
	EEDON, CAROLYN K		81	'  ^	Vame			
138 WICKLIFFE DRIVE NAPLES FL 34110				2 S	itreet Addre	ess (P.O. Box Number is Not Acceptable)		
NAI	PUES PL 34110		83	3				
			[_					
			84	गट	City	FL	<b>85</b> Zip C	Code
	Signature typed or printed name of registered ag			gent si	igna!ure require	d when reinstating) DATE	VIDEOTOD.	0.151.40
12.	PVST			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND D	Change	S IN 12 Addition
NAME				1		_	7 Ouguite	
	138 WICKLIFFE DRIVE		1.2 NAME		DDCCC			
STREET ADDRESS	NAPLES FL 34110		1.3 STAEE					
CITY-ST-ZIP TITLE				1.4 CITY - ST - ZIP 2.1 TITLE			Change	Addition
NAME	BREEDON, CAROLYN K	☐ DELETE				<u> </u>	onange .	- Addition
STREET ADDRESS	138 WICKLIFFE DRIVE		2.2 NAME		DDECC			
	NAPLES FL 34110			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
CITY-ST-ZIP	TWICES IL STITU	DELETE	2. 4 CHY-	- 51- 2	:IP		Change	Addition
NAME		otter	3.1 MILE 3.2 NAME				* Audube	//OU/HOU!!
STREET ADDRESS			3.2 NAME		nocce	•		
1								
CITY-ST-ZIP		DELETE	3.4. CITY-	-5 -1	.IP		Change	Addition
NAME		otter	4.1 INCE	r		_	_ oneigo	reduction
STREET ADDRESS			4.2 NAME		noceé			
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CITY-ST-ZIP TITLE	<del></del>	DELETE	4.4 CITY - 5.1 TITLE	_	<i>y</i>	<del></del>	Change	Addition
NAME			5.2 NAME			_	1 Sumite	
DAME.			5.2 IVAME	T 400	20500			

14. Thereby 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.

5.4 CITY - ST - ZIF

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

Taralinik Brooden

Comment & Reserved

4/18/98

**FILED** 

Apr 23 1998 8:00am

Secretary of State