Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90024 019 ***150.00

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 # P96000054345

1. Corporation Name

PRECIOUS PET SITTING SERVICE OF NORTH NAPLES, IN C.

Principal Place	to business	Maining Address					
138 WICKLIFFE DRIVE NAPLES FL 34110		138 WICKLIFFE DRIVE NAPLES FL 34110		DO NOT MEN	E IN TUIC COACE		
						E IN THIS SPACE	<u>:</u>
					3. Date Incorporated or Qualifed		
					06/26/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Nı mber		Apriled For
21		26			65-0677288		Not Applicable
Suite, Act.	#. etc.	Suite, Apt. #, etc.				<u> </u>	75 Additional
22	,	27			5. Certifc ate of Status Desired	□ Fe	e Recuired
City & State		City & State			6. Election Campaign Financing	\$5	.00 May Be
					Trust Fund Contribution		ded to Fees
23	Cour try		Country	,			
Zìp			_ ·		This corporation owes the curre Persor al Property Tax.	nt year mangible ☐ Yes	. IZNo
24	25 29 30		[0]				<u></u>
	9. Name and Address of Curren	Registered Agent	81	Lana	10. Name and Address of New R	egistert a Agent	
ONE	TOOL OADOLVALV		81	Name			
	EDON, CAROLYN K		82	Street Ad	dress (P.O. Box Number is Not Accepta		
	WICKLIFFE DRIVE		1				
napl	ES FL 34110		83				
			84	City		FL 85	Zip Code
11. Pursuant i	to the provisions of Sections 607.050	and 607,1508, Florida Statutes	the abov	e-named co	rporation submis this statement for the	purpose of changir	ng its registered
office crre	egistered agent, or bo h, in the State on familiar with, and accept the obligat	of Florida. Such change was aut	norizea by	the corpora	tion's board of cirectors. I hereby accep	t the appointment	as reg stered
SIGNATURE						DATE	
	Signature, typed or printed na ne of registered agen			nt signature req	ADDITIONS/CHANGES TO OFF		CTOS S IN 12
12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	Che	
TITLE	PVST	☐ DELETE	11 TITLE				inge
NAME	Breedon, Carolyn K		1.2 NAME				
STREET ADDRESS	138 WICKLIFFE DRIVE		1.3 STREE	TADDRESS			Ì
CITY-ST-ZIP	NAPLES FL 34110		1.4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Cha	enge Addition
NAME	BREEDON, CAROLYN K		22 NAME				
1	138 WICKLIFFE DRIVE		1	TADODESS			}
STREET ADORE 3S			2.3 STREET ADDRESS				İ
CITY-ST-ZIP	177 220 730 777 70			ST-ZIP		☐ Cha	ange Addition
TITLE		☐ DELETE	31 TITLE	İ		L. Ch	ango Lindullon
NAME			32 NAME				Į
STREET ADDRE 35			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		[] DELETE	41 TITLE			☐ Cha	ange
NAME			4. 2 NAME	j			
STREET ADDRESS			4.3 STREE	T ADDRESS			
1							
CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE			□ Ch	ange Addition
TITLE		ل مدررو	5.1 ITTLE				
NAME				T 4 DODESCO			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-9	T-ZIP			
TITLE		☐ DELETE	₹ 61 TITLE			☐ Ch	ange
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

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 cartify 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 Fam an officer or director of the corporation or the receiver or trustee empowered to εxecute 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 a lighter like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CiTY-ST-ZIP

941/592-9670