

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

FILED

Mar 18 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000059761 (2)

1. Corporation Name

PET NANNY PET SITTING SERVICE, INC.

Principal Place of Business

709 VICTORY CIRCLE
BOYNTON BEACH FL 33436

Mailing Address

709 VICTORY CIRCLE
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number

65-0681712

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 113 N Chipewa Cir

26 113 N Chipewa Cir

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

23 Boynton Beach FL

28 Boynton Beach FL

Zip

Country

Zip

Country

24 33436

25 Palm Beach

29 33436

30 Palm Beach

9. Name and Address of Current Registered Agent

LAFRENIERE, MARY L
709 VICTORY CIRCLE
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name

LAFRENIERE, MARY L

82 Street Address (P.O. Box Number is Not Acceptable)

113 N Chipewa Cir

83

84 City

Boynton Beach

FL

85 Zip Code

33436

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | PT | <input type="checkbox"/> DELETE |
| NAME | LAFRENIERE, MARY L | |
| STREET ADDRESS | 709 VICTORY CIRCLE | |
| CITY - ST - ZIP | 113 N Chipewa Cir | |
| | BOYNTON BEACH FL | |

| | | |
|-----------------|-------------------|---------------------------------|
| TITLE | VDS | <input type="checkbox"/> DELETE |
| NAME | SAYRE, ROBERT | |
| STREET ADDRESS | 709 VICTORY CIR | |
| CITY - ST - ZIP | 113 N Chipewa Cir | |
| | BOYNTON BEACH FL | |

| | | |
|-----------------|--|---------------------------------|
| 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 | | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 113 N Chipewa Cir |
| 1.4 CITY - ST - ZIP | Boynton Beach FL 33436 |

| | |
|---------------------|--|
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 113 N Chipewa Cir |
| 2.4 CITY - ST - ZIP | Boynton Beach FL 33436 |

| | |
|---------------------|---|
| 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 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 addition in Block 13.

SIGNATURE:  Robert S Sayre 3-11-98 ad 336 9561

CR2034 (10/97)