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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078703 (1)

1. Corporation Name
CLAWS-N-PAWS, INC.

Principal Place of Business
15806 DAWSON RIDGE DRIVE
TAMPA FL 33647-1320

Mailing Address
15806 DAWSON RIDGE DRIVE
TAMPA FL 33647-1320



2. Principal Place of Business
21 15806 DAWSON RIDGE DR

2a. Mailing Address
26 15806 DAWSON RIDGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 TAMPA, FL

27 City & State
28 TAMPA, FL.

24 Zip
33647

25 Country
HILLSBOROUGH

29 Zip
33647

30 Country
HILLSBOROUGH

9. Name and Address of Current Registered Agent

BARNETT, SCOTT F
611 W AZEELE STREET
TAMPA FL 33608-2205

3. Date Incorporated or Qualified
09/20/1996

3a. Date of Last Report

4. FEI Number
65-0718091

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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: JONATHAN R. TIGUE, PRESIDENT

Jonathan R. Tigue

4/16/97

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 PRESIDENT
NAME JONATHAN R. TIGUE
STREET ADDRESS 15806 DAWSON RIDGE DR
CITY-ST-ZIP TAMPA, FL. 33647

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Jonathan R. Tigue* JONATHAN R. TIGUE, PRESIDENT 4/16/97 971-7297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0088413

CR2E034 (9/96)