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

Mailing Address

#305

901 MARTIN DOWNS

PALM CITY FL 34990-2861

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081411 (6)

DOODLE BAGS,INC.

Principal Place of business 901 MARTIN DOWNS

#305 PALM CITY FL 34990

| | | | | | 09/30/1996 | |
|--|--|-----------------------------------|----------------------------|-------------------------------|--|-----------------------------|
| 2. Principal P | Nacle of Business | 2a. Mailing Address | ≀a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0708693 | | |
| State, Apt. #, etc. 22 | | Suite, Apt. #, etc. | | Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Stat | €: | City & State | , | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 28 Zip Country Zip | | | Country | | 8. This corporation has liability for inta | |
| 24 | 25 29 | | 30 | | Florida Statutes Yes No | |
| | 9. Name and Address of Curre | | 81 | | 10. Name and Address of New Regis | ered Agent |
| MADDEN, DIANA | | | | Name | | |
| 901 MARTIN DOWNS | | | | Street Add | ress (P.O. Box Number is Not Acceptable) | |
| #305 | | | | | | |
| PALM CITY FL 34990 | | | 83 | | | |
| | | | 84 | City | | FL 85 Zip Code |
| 11 Diament | to the average one of Cost one COT 00.5 | 12 and 607 1608 Florida State | ites the above | e named corr | poration submits this statement for the nurr | 1 - 1 |
| 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 for 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 fair that the with, and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | |
| agent La | ini fair bar with, and accept the oblig | pations of Section 607.9595, F | Iorida Statute | S. | | |
| SIGNATURE | Suprational types korprotest name of registered ag | ert and had displicable (NC | FIC. Registered Ag | ent signature requi | red when reinstating) | DATE |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICER | |
| 1011 | PRES. | ☐ DELETE | 1 1 TITLE | | | Change Addition |
| Name | DIANA MADDEN | 刊 12 | | | | |
| STREET ADORESS | 1 T T T T T T T T T T T T T T T T T T T | | 13 STREE | T ADDRESS | | |
| CHY-51 7a | The same of the sa | | 14 CHY- | ST-ZIP | | Change Addition |
| 1 [L] | | L. DETETE | 2 t TITLE | | | Cuange ["1 youron |
| NAME | | | 2 2 NAME | | | |
| STREET ADDRESS | | | | 1 ADDRESS | | \$1 |
| DOMESTIZE THE | | DELETE | 2 4 CITY- 3 1 TITLE | 51-ZIF | | Change Addition |
| NAM | 1 | | 3.2 NAME | | | - |
| SHREET ADDRESS | | | | T ADDRESS | | |
| CHY-S1-ZiP | į | | 3.4. CITY- | ST-ZIP | | |
| TILE | † | DELFTE | 4.1 TITLE | | | Change Addition |
| NAVE | | | 4. 2 NAME | | | |
| STREET ADDRUSS | | | 4.3 STREE | r address | | |
| C-1Y - 51 - 7IP | | | 4 4 CITY- | SI-7IP | | |
| THEE | | ☐ DETETE | 51 TITLE | | | Change Addit:on |
| NSM: | | | 5.2 NAME | | | |
| STREET ACCIDESS | | | | T ADDRESS | | |
| OD 5178 | | PELETE | 5.4 CITY - | S1 - ZIP | | Change Addition |
| TELE | | L.) DELETE | 6.1 TITLE | | | Citatiga L Add Soll |
| NAME | | | 6.2 NAME | | | |
| STEEL ALORINA | | | 6.4 CHTY - | T ADDRESS | | |
| 14. I do here | I by certify that the information supplies | ad with this filing does not qua | ably for the ex | emotion state | d in Section 119.07(3)(i), Florida Statutes | further certify that the |
| inform aton incleated on this arrival 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 off per 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 B ock 12 or Block 13 il changed, or on an attachment with an address. | | | | | | |
| DISTURDE X TO A LOUIS A MADERIAL DE LA COMPANIONE DE LA C | | | | | | |
| SIGNAT | TUHE: / \ I/ (IUV) (K | ON PRINTED NAME OF SIGNING OFFICE | ER OR DIRECTOR | <u> </u> | Date | Daytinie Front # |