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

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90026 041 ***150.00

DOCUMENT # P97000016291

1. Corporation Name

DOG & E	EARS INC.									
Dringing Place	of Business	M	ailing Address		_			- 1 100 100 110 110 110 110 110 110 110 110 110 110 110 110 110		
Principal Place of Business 741 LIVE OAK AVE NE ST PETERSBURG FL 33703 US			741 LIVE OAK AVE NE ST PETERSBURG FL 33703 US					DO NOT WRITE IN THIS SPACE		
							į	3. Date Incorporated or Qualifed	ł	
	· · · · · · · · · · · · · · · · · · ·							02/17/1997 4. FEI Number Applied F	ior.	
	ace of Business		Mailing Address					59-3430573 Not Applied P		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 Addition		
22			27					5. Certificate of Status Desired		
City & State			City & State					6. Election Campaign Financing \$5.00 May 8		
23			28					Trust Fund Contribution Added to Fees		
Zip	Country		Zip	Coun	try		1	8. This corporation owes the current year Intangible		
24	25 29 30			30				Personal Property Tax.		
	9. Name and Address of Currer	nt Regis	tered Agent		81	Name		10. Name and Address of New Registered Agent		
IOV	NI DICHADO D				81	Name				
JOYAL, RICHARD R 741 LIVE OAK AVE NE					82 Street Ad			dress (P.O. Box Number is Not Acceptable)		
ST PETERSBURG FL 33703					00	ļ				
31 F	ETEROBONO TE 33703				83					
					84	City		FL 85 Zip Code		
11 Pursuant	to the provisions of Sections 607 050	12 and 6	07 1508 Florida Statut	es the ah	OVE	e-named o	corpor	ration submits this statement for the numose of changing its regist	ered	
office or to	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florin	ta. Such change was a	uthonzed	Dν	the corpo	oration'	's board of directors. I hereby accept the appointment as registered	eđ	
SIGNATURE	•								_ \	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:					Registered Agent signature required				40	
12.	OFFICERS AND DIRECTORS				13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition	
TITLE	PT		☐ DELETE	1.1 1111					- COLLOIN	
NAME .	JOYAL, RICHARD R			1.2 NA						
STREET ADDRESS	741 LIVE OAK AVE NE			1.3 STF	EET	TADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33703				1.4 CITY-ST-ZIP			☐ Change ☐	Addition	
TITLE	VS DELETE			1	2.1 TITLE				Addition	
NAME	JOYAL, PAULINE L			2.2 NAJ						
STREET ADDRESS	741 LOVE OAK AVE NE			. 1		T ADDRESS	ļ	* : F	-	
CITY-ST-ZIP	ST PETERSBURG FL 33703			_	2. 4 CITY-ST-ZIP 3.1 TITLE				Addition	
TITLE	,		C) DELETE	1				_ Sharingo		
NAME .				3.2 NA		* * * * * * * * * * * * * * * * * * * *			}	
STREET ADDRESS						TADDRESS			ļ	
CITY-ST-ZIP			☐ DELETE	3.4. CIT		S1-ZIP		☐ Change ☐	Addition	
TITLE			_ v	4.1 111 4, 2 NA						
NAME	,					T'ADDRESS				
STREET ADDRESS									Ì	
CITY-ST-ZIP			DELETE	4.4 CIT 5.1 TIT	_)1-ZIP	\vdash	Change	Addition	
TITLE				5.1 III					1	
NAME	ls .					TADORESS				
STREET ADDRESS				5.4 CIT						
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TIT			 	Change	Addition	
NAME				6.2 NA	ИE			_ • -		

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, open an attachment with an address, with all other like empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

R. JOYAL