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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000018588 (8)

THE PET EMPORIUM ENRICHMENT CENTER. INC.

Mailing Address

## **FILED** Feb 23 1998 8:00am Secretary of State



Principal Place of Business 3842 S 3RD ST. 3842 S 3RD ST. JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1997 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 344 46 91 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** BRIGMAN, JULIE M 3842 SOUTH 3RD STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE DELETE 1.1 TITLE BRIGMAN, JULIE M NAME 1.2 NAME 3842 S 3RD ST. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ DELETE ■ Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 attachment with an address. (904)

241.2366