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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mostňam . 1

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027737 (0)

BAHAMA-MAMA GREYHOUNDS, INC.

Principal Place of Business

Mailing Address

## FILED Feb 11 1998 8:00am Secretary of State



17108 TIFFANY LAKE PLACE 17108 TIFFANY LAKE PLACE **LUTZ FL 33549 LUTZ FL 33549** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3441968 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FIELD, FRANCESCA K 17108 TIFFANY LAKE PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. (NO1) Registered Agent signature required when reinstating) President FICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Francesca King Field Tift € 11 TITLE Change Addition 17108 Tiffany Lake Place NAME 1.2 NAME lutz, FL 33549 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE Change Addition 2.1 10TLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-2IP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 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 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby 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: Francese King Field

1-23-98 8/3-949-2653