

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000031683 (0)

1. Corporation Name

BARK OF HIGH SPRINGS, INC.

FILED

98 JUN -5 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3413 NW 21ST DR.
GAINESVILLE FL 32605

Mailing Address

3413 NW 21ST DR.
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 42 N. MAIN ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 849

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

59-3458072

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

City & State

23 HIGH SPRINGS, FL

Zip

32643

Country

City & State

28 HIGH SPRINGS FL

Zip

32655

Country

9. Name and Address of Current Registered Agent

WATSON, WILLIAM B III
527 E. UNIVERSITY AVE.
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

000002552880--3

-06/09/98-01067-007

****150.00 ****150.00

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WATSON, WILLIAM B III
STREET ADDRESS 527 E. UNIVERSITY AVE.
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE S.T.
2.2 NAME BRENDA C. REEVES
2.3 STREET ADDRESS 120 S.W. 7th AVE.
2.4 CITY-ST-ZIP HIGH SPRINGS FL 32643

3.1 TITLE P.
3.2 NAME RONALD N. LEFF
3.3 STREET ADDRESS 1228 N.W. COUNTY RD. 235
3.4 CITY-ST-ZIP NEWBERRY FL 32669

4.1 TITLE V.P.
4.2 NAME KELLY R. LEFF
4.3 STREET ADDRESS 1228 N.W. County RD. 235
4.4 CITY-ST-ZIP NEWBERRY FL 32669

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 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.

CR2E034 (10/97)