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FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000034265 (3)

1. Corporation Name  
BLACK DRAGON PUBLISHING, INC.

Principal Place of Business

225 LITTLE POND LN.  
SARASOTA FL 34242

Mailing Address

225 LITTLE POND LN.  
SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1997

2. Principal Place of Business

21 1111 N. Gulf Stream Ave.

Suite, Apt. #, etc.

22 #17E

City & State

23 SARASOTA FL

Zip

24 34236

Country

25 USA

2a. Mailing Address

26 8466 N. Lockwood Ridge Rd.

Suite, Apt. #, etc.

27 Suite 344

City & State

28 SARASOTA FL

Zip

29 34236

Country

30 USA

4. FEI Number

65-0745148

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

BONNER, LORE G  
225 LITTLE POND LN.  
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name

L. GILLIAN BONNER

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

1111 NORTH GULF STREAM AVE.

83

#17E

84

City SARASOTA

FL

85

Zip Code 34236

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, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/22/98

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BONNER, LOREE G  
STREET ADDRESS 225 LITTLE POND LN.  
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME L. GILLIAN BONNER  
1.3 STREET ADDRESS 1111 N. GULF STREAM AVE #17E  
1.4 CITY-ST-ZIP SARASOTA, FL 34243

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0525002

CR2E034 (10/97)