

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90072 017 ***150.00

DOCUMENT # P97000061109

1. Corporation Name

BEAUFY THE BEAST FROM HEAD TO TAIL INC.

Principal Place of Business

1900 LAND O' LAKES BLVD.
US RT 41
LUTZ FL 33549

Mailing Address

1900 LAND O' LAKES BLVD.
US RT 41
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1997

4. FEI Number

59-3457130

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PENNISI, PAUL S
15420 LIVINGSTON AVENUE
SPT #2403
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name Pennisi, Paul S.
82 Street Address (P.O. Box Number is Not Acceptable)
21331 AARON CT
83
84 City LUTZ FL 85 Zip Code 33549

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

Paul S. Pennisi PAUL S. PENNISI

4/22/99

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 P
NAME PENNISI, CECELIA F
STREET ADDRESS 6441 SEAGULL DRIVE M-272
CITY-ST-ZIP BRADENTON FL 34210

TITLE VP
NAME PENNISI, PAUL S
STREET ADDRESS 15420 LIVINGSTON AVENUE #2403
CITY-ST-ZIP LUTZ FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Pennisi, Cecelia F
1.3 STREET ADDRESS 21331 AARON CT
1.4 CITY-ST-ZIP LUTZ, FL 33549

2.1 TITLE VP
2.2 NAME PENNISI, PAUL S
2.3 STREET ADDRESS 21331 AARON CT
2.4 CITY-ST-ZIP LUTZ FL 33549

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/22/99 (813) 949-1288

CR2E034 (11/98)