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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074034 (4)

DOGWATCH OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address 3189 ROSE MARIE DRIVE 3189 ROSE MARIE DRIVE KISSIMMEE FL 34746 KISSIMMEE FL 34746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **ELWOOD, RICHARD** 3189 ROSE MARIE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 83 84 City Zip Code 85 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 (NOTL Registered Agent signature required when reinstating) Signature, type dioc printed have infine jedered agent and filled apparable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DLLETE Change Addition TITLE 1.1 TITLE ELWOOD, RICHARD J NAME 1.2 NAME 3189 ROSE MARIE DRIVE STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34748 1.4 CHY+ST-ZIP CITY-S1-ZIP DELFTE ☐ Change 2.1 TITLE ■ Addition NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-S1 - ZIP CITY ST-ZIF DELFTE 31 TITLE Change Addition TITLE NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CHY-ST-7IP DELFTE Change Addition 4.1 TIBLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME 400002564274 NAME STREET ADDRESS 5.3 STREET ADDRESS -0**6**/18/88--01050--0**42** ***<u>150.00</u> 5.4 Cily - SI - ZiP CITY-ST-ZIP DELFTE Change 6.1 7171.6 □ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that it a 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.

CICNATURE TO A COMMENT

4/27/98

FILED

Jun 17 1998 8:00am

Secretary of State