

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000079508 (2)  
1. Corporation Name

MAD DOG DESIGN, INC.



Principal Place of Business 265 SUNRISE AVENUE #204 PALM BEACH FL 33480	Mailing Address 265 SUNRISE AVENUE #204 PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1997

4. FEI Number

65-0783441

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 N/A

2. Principal Place of Business

2a. Mailing Address

21 1795 E HWY 50

26 1795 E HWY 50

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE A

27 STE A

City & State

City & State

23 CLERMONT, FL

28 CLERMONT, FL

Zip Country

Zip Country

24 34711

25

29 34711

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINTMIRE, DONALD F  
265 SUNRISE AVENUE #204  
PALM BEACH FL 33480

81 Name

DAVID GARRICK, JR.

82

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

1795 E HWY 50

83

STE A

84

City

CLERMONT

FL

85

Zip Code

34711

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 607.1505, Florida Statutes.

SIGNATURE

*David Garrick, Jr.*  
Signature, typed or printed name of registered agent and title if applicable

*Director*  
(NOTE: Registered Agent signature required when reinstating)

7/22/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PRES

1.2 NAME

JAMES F LEE

1.3 STREET ADDRESS

1795 E HWY 50, STE A

1.4 CITY-ST-ZIP

CLERMONT, FL 34711

2.1 TITLE

DIRECTOR

2.2 NAME

DAVID GARRICK, JR.

2.3 STREET ADDRESS

1795 E HWY 50, STE A

2.4 CITY-ST-ZIP

CLERMONT, FL 34711

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)(l), 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

7/22/98 (352)243-0440

CR2E034 (5/98)