

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90002 017 ***550.00

DOCUMENT # **P97000095540**

Corporation Name

CAT'S SERVICES OF PASCO, INC.



Principal Place of Business

**34 PROVOST DRIVE
SUITE 26
HOLIDAY FL 34690**

Mailing Address

**5334 PROVOST DRIVE
SUITE 26
HOLIDAY FL 34690**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

59-3485652

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. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL

85 Zip Code

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| OFFICERS AND DIRECTORS | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|--|---|---|
| ST-ADDRESS | PTD MILLS, CATHERINE M 5334 PROVOST DR, STE 26 HOLIDAY FL 34690 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| ST-ADDRESS | VSD MILLS, ROBERT 5334 PROVOST DR, STE 26 HOLIDAY FL 34690 | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| ST-ADDRESS | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| ST-ADDRESS | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| ST-ADDRESS | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| ST-ADDRESS | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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: **CATHERINE M. MILLS**

8-30-99

727-942-6464

CRZE034 (5/99)