

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

DOCUMENT # P97000098271

1. Corporation Name  
PET MANAGEMENT SYSTEMS, INC.

Principal Place of Business  
3948 SOUTH THIRD STREET #336  
JACKSONVILLE BEACH FL 32250

Mailing Address  
3948 SOUTH THIRD STREET #336  
JACKSONVILLE BEACH FL 32250

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90054 028 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1997

4. FEI Number  
59-3479589

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 3435 Phillips Highway

Suite, Apt. #, etc.

22 Suite B205

City & State

23 Jacksonville, FL

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 3435 Phillips Highway

Suite, Apt. #, etc.

27 Suite B205

City & State

28 Jacksonville, FL

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

GUIDI, DENNIS E  
1837 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME GUIDI, DAVID E

STREET ADDRESS 3948 SOUTH THIRD STREET #336

CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D ☐ DELETE

NAME GUIDI, DAVID E

STREET ADDRESS 3948 SOUTH THIRD STREET #336

CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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 Same ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3435 Phillips Highway Suite B205

1.4 CITY-ST-ZIP Jacksonville, FL 32207

2.1 TITLE Same ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3435 Phillips Highway Suite B205

2.4 CITY-ST-ZIP Jacksonville, FL 32207

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)(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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 904-399-3702  
Date Daytime Phone #

CR2E034 (11/98)