

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 # P98000005617

1. Corporation Name
PAWS & CLAWS NETWORK, INC.

Principal Place of Business
3205 E. OLIVE ROAD, BLDG. 5 #61
PENSACOLA FL 32514

Mailing Address
3205 E. OLIVE ROAD, BLDG. 5 #61
PENSACOLA FL 32514

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90083 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/16/1998

4. FEI Number
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

9. Name and Address of Current Registered Agent

PRATT, HARRY E
3205 E. OLIVE ROAD, BLDG. 5 #61
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name DOUGLAS M. MOESTA
82 Street Address (P.O. Box Number is Not Acceptable)
2825 LOGAN DR.
83
84 City Pensacola FL 85 Zip Code 32503

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 *Douglas M. Moesta*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES.	<input type="checkbox"/> DELETE
NAME	JUDY Sorrell	
STREET ADDRESS	1408 NW. Shore Blvd.	
CITY-ST-ZIP	520-A TAMPA, FL 33607	
TITLE	HARRY PRATT - Chairman	<input type="checkbox"/> DELETE
NAME	2570-B-Pathway Place	
STREET ADDRESS	Mobile, AL 36606	
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	Douglas M. Moesta	
STREET ADDRESS	2825 Logan Dr.	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Douglas M. Moesta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99
850-444-9440 - 850-444-9440
Date Daytime Phone #

CR2E034 (1/98)