

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 # P98000018329

 1. Corporation Name
DEVIL DAWGS, INC.

 Principal Place of Business
 4551 MAINLANDS BLVD. STE. F
 PINELLAS PARK FL 33782

 Mailing Address
 4551 MAINLANDS BLVD. STE. F
 PINELLAS PARK FL 33782


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1998

4. FEI Number

59-3496875

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax.☐

Yes

☐

No

2. Principal Place of Business

21. Devil Dawgs

Suite, Apt. #, etc.

22. 1437 Central Ave.

City & State

23. St. Petersburg, FL

Zip

24. 33705

Country

25. USA

2a. Mailing Address

26. 1437 Central Ave

Suite, Apt. #, etc.

27. City & State

28. St. Petersburg, FL

Zip

29. 33705

Country

30. USA

9. Name and Address of Current Registered Agent

 LEE, FRANCIS M
 4551 MAINLANDS BLVD. STE. F
 PINELLAS PARK FL 33782

81. Name

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

83. 1437 Central Ave

84. City

St. Petersburg

FL

Zip Code

33705

10. Name and Address of New Registered Agent

Steven J. Smith

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

1437 Central Ave

City

St. Petersburg

FL

Zip Code

33705

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-99

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99 727-502-0011

CR2E034 (11/98)