

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90052 035 \*\*\*150.00

DOCUMENT # P98000021330

1. Corporation Name

BLACK DOG TOWERS, INC.



Principal Place of Business

735 EAGLE POINT DRIVE  
VENICE FL 34292

Mailing Address

735 EAGLE POINT DRIVE  
VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1998

4. FEI Number

65-0817427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

WELWOOD, MICHAEL J  
735 EAGLE POINT DRIVE  
VENICE FL 34292

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 PD  
NAME WELWOOD, MICHAEL J  
STREET ADDRESS 735 EAGLE POINT DRIVE  
CITY-ST-ZIP VENICE FL 34292 ☐ DELETE

TITLE VD  
NAME BUEHLER, THOMAS J  
STREET ADDRESS 330 LAUREL HOLLOW DRIVE  
CITY-ST-ZIP NOKOMIS FL 34275 ☒ DELETE

TITLE STD  
NAME MCCOURT, MARK  
STREET ADDRESS 4518 WINDSOR COURT EAST  
CITY-ST-ZIP BRADENTON FL 34203 ☐ DELETE

TITLE VD  
NAME MANCINI, LOU C JR  
STREET ADDRESS 8487 CYPRESS LAKE CIRCLE  
CITY-ST-ZIP SARASOTA FL 34237 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COO  
1.2 NAME RONALD RECINE  
1.3 STREET ADDRESS 3540 CORONADO DR.  
1.4 CITY-ST-ZIP SARASOTA, FL 34231 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME MELINDA J. WELWOOD  
2.3 STREET ADDRESS 735 EAGLE POINT DR.  
2.4 CITY-ST-ZIP VENICE, FL 34292 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99 941 480-9511

CR2F034 (11/98)