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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000030741

BAYSHORE PET GROOMING, INC.

Address
V BAYSHORE BLVD. T. LIICIE FL 34984

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90036 048 \*\*\*150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/03/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 05 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution ~~~ 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TWOHEY, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 312 DENVER AVENUE STUART FL 34994 83 Zip Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE DALTON, JOHN E 1.2 NAME NAME 1704 SW BAYSHORE BLVD. 1.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34984 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 2.1 TITLE TITLE DALTON, DOROTHY A 22 NAME NAME 1704 SW BAYSHORE BLVD. 2.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34984 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition DELETE SITTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this king 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 than address, with all other like empowered.

SIGNATURI

CR2E034 (11/98)