

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90142 031 ***150.00

DOCUMENT #

1. Corporation Name P98000035209

JULIE'S PRIDE & GROOM, INC.

Principal Place of Business

Mailing Address

11737 NORTH DALE MABRY HIGHWAY
TAMPA, FLORIDA 33618

11737 N. DALE MABRY
TAMPA, FLORIDA 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

APRIL 16, 1998

4. FEI Number

59-3519815

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip - - - - - Country - - - - -

28 Zip - - - - - Country - - - - -

24

25

29

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9. Name and Address of Current Registered Agent

JEFFERY M. FULLER
100 NORTH TAMPA STREET
SUITE 2650
TAMPA, FLORIDA 33602

81 Name

JULIE O. BAKER

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

11737 N. DALE MABRY HIGHWAY

83 TAMPA,

84 City

FL.

85 Zip Code
33618

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 4/14/99

12. OFFICERS AND DIRECTORS

TITLE	PD	XX DELETE
NAME	BELL, CHARLES W.	
STREET ADDRESS	11737 N. DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA, FLORIDA 33618	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, SANDY	
STREET ADDRESS	11737 N. DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA, FLORIDA 33618	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	XX Change <input type="checkbox"/> Addition
1.2 NAME	BAKER, JULIE O.	
1.3 STREET ADDRESS	11737 N. DALE MABRY HIGHWAY	
1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33618	
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(2)(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 307, 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

4/14/99

Date

813-265-1884

Telephone #

CR2E034 (11/98)