

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 21, 1999 8:00 am
Secretary of State

04-21-1999 90023 029 ***158.75

DOCUMENT # P98000045669

1. Corporation Name

DILLON'S BARK PLUS, INC.



Principal Place of Business

19627 S.W. HAWTHORNE ROAD
HAWTHORNE FL 32640-0821

Mailing Address

19627 S.W. HAWTHORNE ROAD
HAWTHORNE FL 32640-0821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

59-3512278

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

21 7391 SR 21 North

Suite, Apt. #, etc.

22 City & State
23 Keystone Heights, FL

24 Zip
25 32056

Country
26 USA

2a. Mailing Address

26 7391 SR 21 North

Suite, Apt. #, etc.

27 City & State
28 Keystone Heights, FL

29 Zip
30 32056

Country
31 USA

9. Name and Address of Current Registered Agent

ETHERINGTON, DAVID
2830-L N.W. 41ST STREET
GAINESVILLE FL 32646

10. Name and Address of New Registered Agent

81 Name
Matthew R. Dillon

82 Street Address (P.O. Box Number is Not Acceptable)
7391 State Road 21 North

83

84 City
Keystone Heights

FL

85 Zip Code
32056

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

Matthew R. Dillon

Matthew R. Dillon president 4/19/99

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
PTD ☐ DELETE

NAME
DILLON, MATTHEW R
STREET ADDRESS
19627 S.W. HAWTHORNE ROAD
CITY-ST-ZIP
HAWTHORNE FL 32640-0821

TITLE
VPSD ☐ DELETE

NAME
DILLON, SONYA R
STREET ADDRESS
19627 S.W. HAWTHORNE ROAD
CITY-ST-ZIP
HAWTHORNE FL 32640-0821

TITLE
☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Sonya R Dillon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

352/443-7666

Daytime Phone #

CR2E034 (1/1/98)

0065528