

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000058641

1. Corporation Name
CANIS MAJOR, INC.

Principal Place of Business
762 109TH AVE. NORTH
NAPLES FL 34108

Mailing Address
762 109TH AVE. NORTH
NAPLES FL 34108

APPROVED
AND
FILED

99 OCT 25 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1998	
4. FEI Number 65-0850973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> 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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, SHERI
762 109TH AVE. NORTH
NAPLES FL 34108

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
PETERSON, SHERI
762 109TH AVE. NORTH
NAPLES FL 34108

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

600003028846
-10/27/99--01093--009
****150.00 ****150.00

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.

SIGNATURE: Sheri J. Peterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 September 1999 (941) 514-4912

Date

Daytime Phone #

CR2E034 (5/99)

Pg 2 of 2

Canis Major, Inc.
762 109th Avenue North
Naples, FL 34108

14 September 1999

Ms. Michelle Milligan
Document Specialist
Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Milligan,

We spoke today, by phone regarding the status of my corporation annual report filing. This letter is in response to your request for written confirmation.

In 1998 I formed Canis Major, Inc., a Florida "s" corporation. Shortly after forming the corporation I became very ill and in February of 1999 I was admitted to Naples Community Hospital and was diagnosed with a brain tumor. I underwent neurosurgery at NCH on February 25, 1999. Following my release from the hospital I underwent months of physical and occupational therapy. Needless to say, because of the severity and length of my illness (I was misdiagnosed several times in 1998) my corporation has been dormant.

I expect to fully recover and would like to retain my corporate status. Unfortunately, I do not at present have the resources to pay my annual corporate filing fee, however I expect to be able to do so within 30 to 90 days. Because of the unusual circumstances of my situation I would like to request that any late charges and penalties be waived.

Enclosed is my profit corporation annual report, document #P98000058641. There have been no additions or changes.

I would appreciate any assistance in this matter. Thank you so much for your consideration.

Sincerely,

Sheri Peterson

Sheri Peterson

Enclosure