

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90141 011 \*\*\*158.75

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P98000089504**

1. Corporation Name

~~THE LOWERY GROUP, INC.~~  
**PAW MARK Society, Inc.**

*Name Change Done  
3-3-99*



Principal Place of Business

~~625 SOUTH ORLANDO AVE.  
WINTER PARK FL 32789~~

**205 Kings Blvd C-66  
Sun City**

Mailing Address

~~P.O. BOX 33057  
ORLANDO FL 32853-3057~~

**P.O. Box 274252  
Tampa, FL 33866-4252**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/19/1998**

4. FEI Number

**59-3542904**

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

**21 205 Kings Blvd C-66**

Suite, Apt. #, etc.

**22 City & State  
Sun City Center, FL**

Zip Country

**24 33573 25 USA**

2a. Mailing Address

**26 P.O. Box 274252**

Suite, Apt. #, etc.

**27 City & State  
Tampa, FL**

Zip Country

**29 33866-4252 30 USA**

9. Name and Address of Current Registered Agent

**LOWERY, PATRICIA**

**839 ALTALOMA AVE.**

**ORLANDO FL 32803**

**205 Kings Blvd C-66  
Sun City Center, FL  
33573**

10. Name and Address of New Registered Agent

81 Name

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

**205 Kings Blvd C-66**

83

**84 City  
Sun City Center**

**FL**

**85 Zip Code  
33573**

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 ☐ DELETE

**NAME  
PATRICIA LOWERY  
STREET ADDRESS  
205 Kings Blvd C-66  
CITY-ST-ZIP  
Sun City Center, FL 33573**

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**

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: Patricia Lowery**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-99**

Date

**813-917-6923**

Daytime Phone #

CR2E034 (11/98)