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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$15364

(0)

DOGWATER CAFE I, INC.

FILED						
Apr 25 1997 8:0	)0am					
Secretary of S	tate					

Principal Place of Business Mailing Address					E 1881/0/0 10/ (1841 0/104 4/1/0 84/1/)	1383 BIBIT BIBIT DIGIT BIBIT BIBIT BIBIT TOBI
8300 BAY PINE	ES BLVD.	7250 ULMERTON ROAD				
ST. PETERSBU	IRG FL 33709	A				
		LARGO FL 33771-4825 US			3. Date Incorporated or Qualific	ed 3a. Date of Last Report
					11/29/1990	07/08/1996
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		,	59-3036782	Not Applicable
Sulte, Apt.	:. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	16	City & State		·	6 Starting Countries Financia	······· <u>'</u>
23		26		6. Election Campaign Financing Trust Fund Contribution	9 <b>\$5.00</b> May Be Added to Fees	
Zip	Country	Zip Country			···	for intengible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Current		<u> </u>		10. Name and Address of New	7
DRO	ZKYK, JOHN		8	1 Name		
	D BAY PINES BLVD.		ŀ	2 Street Ade	fress (P.O. Box Number is Not Acce	ntable)
ST. PETERSBURG FL 33709			`	2 OHEEL FIGU	illess (F.O. Box Normber is Not Acce	Radie)
			8	3		
			8	4 City		85 Zip Code
11 Durquant	to the provisions of Sections 607.0603	and 607 1608 Florida Statute	as the abo		noration submite this statement for the	be purpose of changing its registered
office or agent. I a	to the provisions of Sections 607.0507 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607,0505, Flo	uthorized orida Statut	by the corpora es.	ation's board of directors. I hereby ac	cept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	and title if anylicable (NOTE	· Ron stored &	dont signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.			FFICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	111111			☐ Change ☐ Addition
NAME	DROZDYK, JOHN		12 NAM	E		
STREET ADDRESS	8300 BAY PINES BLVD.		1.3 \$188	ET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33709		1.4 CITY	+ \$1 - 7IP		
TITLE	VID	DELETE	2.1 11111			Change Addition
NAME	JOHNSON, BRIAN		2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33709		2. 4 CITY	7-S1-ZIP		
TITLE		☐ DELFTE	3.1 TITU			☐ Change ☐ Addition
NAME			3.2 NAM	E [		
STREET ADDRESS	l		3 3 STHE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	(-ST-ZIP		
TITLE		☐ DELETE	4.1 1/TL			Change Addition
NAME			4. 2 NAM	16		
STREET ADDRESS			4.3 STRE	{ I ADDRESS		
CITY-ST-ZIP	3		4.4 CITY	- ST- ZIP		
TITLE	1	☐ DELETE	5.1 TITLE			Change D Addition
NAME			5.2 NAM	E		
STREET ADDRESS	1		5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP		
TITLE		DELETE	61 1111			Change Addition
NAME :	· ·		62 NAM	E ]		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY	- \$1 - ZIP		J
44 1 4 4 4	Annual and the street of the formation of the first	11 11 11 11 11 11 11			11 0 -41 - 440 07(0)() Flacial Oc.	

I do 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 12 if changed, or on a attachmost with an address.