FILED Apr 23, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCOL	MENI # \$59874								
1. Corporation Name									
PAMELA DUGGER, INC.						4 10011010 101 01115 15161 (4111 14611 5161 E1F	(O BIBIL 8180 BIBIL 8	(B1) B19(1) (BB)	
Oringinal Diagr	of Puninger	Mailing Address				1 INDIANA INI 2018 INDI 12011 ILANI 2012	i) 61611 4 1611 61611 4 1	(AI) BIDII (EB)	
						•			
6560 FILLMORE STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024									
TIOLET TOOL T	C 00027	11022711000 12 00001				DO NOT WRITE IN TH	IIS SPACE		
	•				,	Date Incorporated or Qualifed			
	•					06/13/1991			
2. Principal P	ace of Business	2a. Mailing Address				FEI Number	i	plied For	
21		26				NOT APPLICABLE		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired -	\$8 <u>.75</u> A		
22		27					Fee Rec		
City & State	e	City & State				Election Campaign Financing	\$5.00	, ,	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		1 -	This corporation owes the current year	Intangible ☐ Yes	₽ 100	
25 29 30 9. Name and Address of Current Registered Agent			30	Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent			NO NO		
		1 Name		Marie and Address of New Hogister	au Aigoin				
DUG	GER, PAMELA		Ľ						
6560 FILLMORE STREET			8	2 Street A	Address (P.	ress (P.O. Box Number is Not Acceptable)			
HOL	8	13			•-				
			Ľ						
	•	•	8	4 City			85 Zip C	code	
44 D	to the provisions of Continue 607 0503	and 607 1509 Elorida Statuta	e the abo	we named o	cornoration	submits this statement for the purpose		registered	
office or r	egistered agent or both in the State o	st Florida. Such change was au	ithorized r	iv the corboi	ration's boa	ard of directors. I hereby accept the ap	pointment as rec	gistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statute	es.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if anolicable (NOTF:	Registered Ad	ent signature rec	outred when rei	instating) DATE			
12.	OFFICERS AND		13.	,		DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PTD	☐ DELETE	1.1 Title	<u> </u>			☐ Change	Addition	
NAME	DUGGER, PAMELA		1.2 NAM	1.2 NAME					
STREET ADDRESS	6560 FILLMORE STREET		1.3 STRE	1.3 STREET ADDRESS				i	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY	1.4 CITY-ST-ZIP					
TITLE	VSD DELETE		2.1 TITLE	2.1 TITLE			Change	Addition	
NAME	DUGGER, LARRY		2.2 NAM	2.2 NAME			•	ľ	
STREET ADDRESS	6560 FILLMORE STREET		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL:		2.4 CITY	'-ST-ZIP	- - -				
TITLE		☐ DELETE	3.1 TITLE	=			Change	☐ Addition	
NAME			3.2 NAM	E		• '	:		
STREET ADDRESS			3.3 STRE	ETADDRESS				ļ	
CITY-ST-ZIP			3.4. CITY	3.4. CITY-ST-ZIP			,		
TITLE			4.1 TITLE	4.1 TITLE			Change .	☐ Addition	
NAMÉ		•	4. 2 NAM	E Ì					
STREET ADDRESS			4.3 STRE	EET ADDRESS				ļ	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		·			
TITLE		☐ DELETE	5.1 TITLE			•	☐ Change	☐ Addition	
NAME			5.2 NAM	E					
STDEET ANDDESS	· ·		5.3 STR8	EET ADORESS					

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 change), or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TMLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition