

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 13, 1999 8:00 am
Secretary of State

04-13-1999 90077 041 ***150.00

DOCUMENT # S62822

1. Corporation Name
PALM TREE PETS, INC.

Principal Place of Business
11770 WALSINGHAM RD
LARGO FL 33778
US

Mailing Address
11770 WALSINGHAM RD
LARGO FL 33778
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1991

4. FEI Number

59-3071982

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 4410 VERNA BETHAM RD

Suite, Apt. #, etc.

22

City & State

23 MYAKKA CITY, FL

Zip

24 34251

Country

25

2a. Mailing Address

26 4410 VERNA BETHAM RD

Suite, Apt. #, etc.

27

City & State

28 MYAKKA CITY, FL

Zip

29 34251

Country

30

9. Name and Address of Current Registered Agent

STAZKO, JOHN R.
11770 WALSINGHAM RD
LARGO FL 33778

10. Name and Address of New Registered Agent

81 Name

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

4410 VERNA BETHAM RD

83

84 City

MYAKKA CITY

FL

85 Zip Code

34251

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 VP ☐ DELETE

NAME STAZKO, JOHN R.

STREET ADDRESS 11770 WALSINGHAM RRD

CITY-ST-ZIP LARGO FL

TITLE P ☐ DELETE

NAME STAZKO, PRESLEY CARLA

STREET ADDRESS 11770 WALSINGHAM RD

CITY-ST-ZIP LARGO FL

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

4410 VERNA BETHAM RD
MYAKKA CITY FL 34251

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4410 VERNA BETHAM RD
MYAKKA CITY FL 34251

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99
Date

941-322-0226
Daytime Phone #

CR2E034 (11/98)

0463854