

1-25-95-8-921 -C 200000
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 25 PM 2 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21842 (2)
1. Corporation Name
BIG DAWG PROMOTIONS, INC.

Principal Place of Business Mailing Address
**16880 GATOR RD
SUITE 111
FT MYERS FL 33912
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/17/1992** 3a. Date of Last Report **04/06/1994**
4. FEI Number **65-0321276** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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 28 Zip Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent

**RADY, RONALD E
16880 GATOR RD
SUITE 111
FT MYERS FL 33912**

10. Name and Address of New Registered Agent

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 **RONALD E. RADY**
Signature, typed or printed name of registered agent and file if applicable.

1-18-95
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STRICKLAND, M. L.
STREET ADDRESS	711 S.W. 6TH ST.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	DPVS
NAME	RADY, RONALD E.
STREET ADDRESS	1203 S.W. 49 ST.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	DS
NAME	LUKASIK, MARK J.
STREET ADDRESS	1570 BEACHWOOD TRAIL
CITY-ST-ZIP	FT MYERS FL
TITLE	DT
NAME	ADAMS, JACK H.
STREET ADDRESS	5812 S.W. 10 AVE.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NO LONGER OFFICER	☒ Change ☐ Addition
1.2 NAME	OR DIRECTOR	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	ADJUST	☒ Change ☐ Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	NO LONGER OFFICER	☒ Change ☐ Addition
3.2 NAME	OR DIRECTOR	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	NO LONGER OFFICER	☐ Change ☐ Addition
4.2 NAME	OR DIRECTOR	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information 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 for the year 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 in an attachment with an address.

SIGNATURE: **RONALD E. RADY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-95 813-267-7737
Date (typed) Phone #