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

DOCUMENT # V26180 1. Corporation Name

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90091 015 ***150.00

T.D.T. H	OT DOGS, INC.						
Principal Plac	e of Business	Mailing Address			-	HON ALDE DIAN ALDE I	HEN OLDH IOCH
323 WOODLAND AVE. 323 WOODLAND AVE.							
DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					04/01/1992		
Principal Place of Business 2a. Mailing Address					4, FEI Number	<u> </u>	plied For
26 Suite Apt # etc Suite Apt #, etc.					59-3120124	\$8.75	ot Applicable
					5. Certifcate of Status Desired	Fee Re	
22					6. Election Campaign Financing	\$5.00	
23 28					Trust Fund Contribution	Added t	• 1
Zip	Country	Zıp	Соилту		8. This corporation owes the current year		
24	25		30		Personal Property_Tax.	Yes	□No
	9. Name and Address of Curre				10. Name and Address of New Registe	ered Agent	· ·
			81	Name			
HUNT, TIMOTHY E.				Street Addre	ess (P.O. Box Number is Not Acceptable)		
323 WOODLAND AVE.			82	Oli COL 7 Iddi C	SSS (F. SS. BOX (tamber to Free Free Free Free Free Free Free Fre		
DAY	TONA BEACH FL 32118		83				
			84	City		85 Zip (Code
			04	City		FL S Z P \	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: F	Registered Agen	t signature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		DRS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS OF A COLUMN ASSESSMENT OF A COLUMN	☐ Change	Addition
NAME	HUNT, TIMOTHY E.	_	1.2 NAME				_
STREET ADDRESS	*** **** *** ***		1.3 STREET	ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118		1.4 CITY-S				
MILE	DATIONA BEAGNITE GETTO	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	HUNT, DANIEL P.		2.2 NAME				
STREET ADDRESS	323 WOODLAND AVENUE		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP			Į
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			32 NAME				
STREET ADDRESS	3.33		3.3 STREET	ADDRESS		-	
CITY-ST-ZIP	3.4.		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				į
CITY-ST-ZIP		·	4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	51 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				1
CITY-ST-ZIP			54 CITY-S	1-ZIP		Chance	Addition-
TITLE			61 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	ADDDECC			ļ
STREET ADDRESS			6.3 STREET				1
CITY OT 7ID			6.4 CITY-S	F 710 1			

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.

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 1