

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  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90041 040 \*\*\*150.00

DOCUMENT # 159903

1. Corporation Name

ST. PETERSBURG KENNEL CLUB, INC.

Principal Place of Business

10490 GANDY BLVD  
ST PETERSBURG FL 33702

Mailing Address

P.O. BOX 22099  
ST. PETERSBURG FL 33742-2099  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1924

4. FEI Number

59-0433065

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

WEAVER, A.V. JR.  
10490 GANDY BLVD  
ST PETERSBURG FL 33702

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

A. V. Weaver, Jr.

January 5, 1999

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 | NAME              | STREET ADDRESS         | CITY-ST-ZIP             | TITLE                                      | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-------------------|------------------------|-------------------------|--------------------------------------------|------|----------------|-------------|
| V D   | WEAVER, VEY O.    | 10490 GANDY BLVD       | ST PETERSBURG, FL 00000 | <input type="checkbox"/> DELETE            |      |                |             |
| D     | PIPER, HARRY M    | 1833 BRIGHTWATERS BLVD | ST PETERSBURG, FL 00000 | <input type="checkbox"/> DELETE            |      |                |             |
| D     | BAYNARD, PATRICIA | 1801 BRIGHTWATERS BLVD | ST PETERSBURG, FL 00000 | <input checked="" type="checkbox"/> DELETE |      |                |             |
| V     | WINNING, RICHARD  | 10490 GANDY BLVD       | ST PETERSBURG, FL 00000 | <input type="checkbox"/> DELETE            |      |                |             |
| ST    | HLAS, STEPHEN P.  | 10490 GANDY BLVD       | ST PETERSBURG, FL 00000 | <input type="checkbox"/> DELETE            |      |                |             |
| D     | WINNING, MARY M   | 1261 BRIGHTWATERS BLVD | ST PETERSBURG, FL 00000 | <input type="checkbox"/> DELETE            |      |                |             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME             | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP          | 2.1 TITLE                                                                    | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
|-----------|----------------------|--------------------|--------------------------|------------------------------------------------------------------------------|----------|--------------------|-----------------|
| PD        | Weaver, A. V. Jr.    | 10490 Gandy Blvd.  | St. Petersburg, FL 33702 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |          |                    |                 |
| A S/T     | Cutting, Leah R.     | 10490 Gandy Blvd.  | St. Petersburg, FL 33702 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |          |                    |                 |
| D         | Loughridge, Glenn E. | 155 Willadel Drive | Belleair, FL 33516       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |          |                    |                 |
| D         | Nohren, Frances W    | 7947 9th. Avenue S | St. Petersburg, FL 33707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |          |                    |                 |
|           |                      |                    |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |          |                    |                 |
|           |                      |                    |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |          |                    |                 |
|           |                      |                    |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |          |                    |                 |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leah R. Cutting

1/5/99

(727) 812-3339

Date

Daytime Phone #

CR2E034 (11/98)