

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra O. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:45

DOCUMENT # **181958** (0)  
1. Corporation Name  
**WASHINGTON COUNTY KENNEL CLUB, INCORPORATED**

Principal Place of Business Mailing Address  
**INTERSECTION OF HWY 79 & HWY 20  
EBRO FL 32437** **INTERSECTION OF HWY 79 & HWY 20  
EBRO FL 32437**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/03/1954** 3a. Date of Last Report **01/20/1994**

4. FEI Number **59-0749464** 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**

8. 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 Zip Country 30

9. Name and Address of Current Registered Agent  
**HESS, LUTHER  
HWY 79  
EBRO FL 32437**

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

(Signature, typed or printed name of registered agent and date of application)

(Typed Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HESS, LUTHER F.
STREET ADDRESS	10102 WOODSONG WAY
CITY, ST, ZIP	TAMPA FL
TITLE	VPD
NAME	DERVAES, PAUL
STREET ADDRESS	2506 ROCKY PT. AVE.
CITY, ST, ZIP	TAMPA FL
TITLE	VPD
NAME	HATER, JOHN M.
STREET ADDRESS	11508 TRASK S.
CITY, ST, ZIP	TAMPA FL 33627
TITLE	VPD
NAME	HATER, ROBERT E. II
STREET ADDRESS	1330 NEEB RD
CITY, ST, ZIP	CINCINNATI OH 45233
TITLE	SD
NAME	HESS, STOCKTON R
STREET ADDRESS	BOX 111 N/A
CITY, ST, ZIP	EBRO FL 32437
TITLE	ASD
NAME	HARRY L. HESS
STREET ADDRESS	BOX 111 N/A
CITY, ST, ZIP	EBRO FL 32437

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Linda N. Bradley
13 STREET ADDRESS	9917 Birch Terrace
14 CITY, ST, ZIP	Charlevoix, MI 49720
21 TITLE	ATD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Craig R. Stevens
23 STREET ADDRESS	3181 Crystal Lake Dr.
24 CITY, ST, ZIP	Chipley, FL 32428
31 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Roxann S. Laca
33 STREET ADDRESS	4015 Crystal Lake Dr.
34 CITY, ST, ZIP	Chipley, FL 32428
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

*L. Northam*

3-23-95

904-234 3943