

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 05, 1999 8:00am  
Secretary of State

0055816

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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02-05-1999 90001 048 \*\*\*150.00

DOCUMENT # 204286

1. Corporation Name  
JEFFERSON COUNTY KENNEL CLUB, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3 M NO OF MONTICELLO. WEST SIDE -JS 19 PO BOX 400 MONTICELLO FL 32345 US	Mailing Address 3 M NO OF MONTICELLO. WEST SIDE -JS 19 PO BOX 400 MONTICELLO FL 32345 US
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3. Date Incorporated or Qualified <b>07/17/1957</b>
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21 2. Principal Place of Business Suite, Apt. #, etc.	22 2a. Mailing Address Suite, Apt. #, etc.	23 City & State	24 City & State	25 Zip	26 Country	27 Zip	28 Country	29 Zip	30 Country
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4. FEI Number <b>59-0839969</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>ANDRIS, STEVE U.S. 19 NORTH 3 MILES W/S MONTICELLO FL 32344</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRIS, STEVE	1.2 NAME	
STREET ADDRESS	3 MI NO OF MONTI., W/S19	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, CHARLES R.	2.2 NAME	
STREET ADDRESS	1388 HILL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, W.C.	3.2 NAME	
STREET ADDRESS	LESTER LAWRENCE HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Steve Andris* SIGNATURE REQUIRED Steve Andris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 1999 850-997-2561  
Date Daytime Phone #

CR2E034 (11/98)