

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Okamoto
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # P93000016839 (1)

95 MAY - 1 AM 2:43

1. Corporation Name
DNA TOY'S & TORTOISE'S, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6109 CARLTON SARASOTA FL 34231 **6109 CARLTON SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/01/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **2526 Myakka Rd** 26 **2526 Myakka Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 _____ 27 _____
City & State City & State
23 **Sarasota FL** 28 **Sarasota FL**
Zip Country Zip Country
24 **34240** 25 **Sarasota** 29 **34240** 30 **Sarasota**

4. FEI Number **65-0398244** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWERIDA, DONALD F
6109 CARLTON
SARASOTA FL 34231**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2526 Myakka Rd
83
84 City **Sarasota** FL 85 Zip Code **34240**

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 its 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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald F. Swerida, DVM	1.2 NAME	
STREET ADDRESS	2526 Myakka Rd	1.3 STREET ADDRESS	
CITY, ST, ZIP	Sarasota, FL 34240	1.4 CITY - ST - ZIP	
TITLE	Vice President	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Shoberg	2.2 NAME	
STREET ADDRESS	6916 St Johns River Dr #101	2.3 STREET ADDRESS	
CITY, ST, ZIP	Tampa, FL 33617	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 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 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 addition.

SIGNATURE: Donald F. Swerida **DONALD F SWERIDA** 4-28-95 (81)-322-2743
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date System/Process #