

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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FILED

97 SEP -3 AM 8:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P93000038638 (1)
 1. Corporation Name
 FLORIDA K-9 SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% WENDY ELLEN MCCAULEY 5001 HWY 427 SANFORD FL 32773 US		% WENDY ELLEN MCCAULEY 5001 HWY 427 SANFORD FL 32773 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.	05/26/1993	08/12/1996
22 City & State	27 City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	65-0446604	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCCAULEY, WENDY E 5001 HWY 407 SANFORD FL 32773		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, WENDY E	1.2 NAME	MCCAULEY, Wendy E.
STREET ADDRESS	20806 GLADES CUT-OFF RD.	1.3 STREET ADDRESS	5001 County Road 427
CITY-ST-ZIP	FORT PIERCE FL 34987	1.4 CITY-ST-ZIP	Sanford, FL 32773
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTON, VICKI	2.2 NAME	ASTON, VICKI
STREET ADDRESS	20806 GLADES CUT-OFF RD.	2.3 STREET ADDRESS	5001 COUNTY RD 427
CITY-ST-ZIP	FORT PIERCE FL 34987	2.4 CITY-ST-ZIP	Sanford, FL 32773
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	500002284095--R
STREET ADDRESS		4.3 STREET ADDRESS	-09/03/97--01071--002
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****165.00 165.00
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	

500002284095--R
 -09/03/97--01071--002
 ****165.00 165.00

AD

14. I do 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.

CR2E034 (4/97)



Florida K-9 Services, Inc.

5001 County Road 427 Sanford, Florida 32773

Training Center (407) 339-2275 Kennels (407) 321-3320 FAX (407) 328-1237

August 28, 1997

To: Annual Reports Filing
Division of Corporations

From: Florida K-9 Services, Inc.

To whom it may concern,

I am submitting this letter as instructed to inform this office of the fact that our company did not receive any notices regarding payment of our Annual Report until this one arrived. Therefore, we are sending the original amount of \$165.00 on August, 28, 1997- check number 2699. Thank you for your cooperation.

Sincerely,

Vicki Aston