

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED AND FILED 1998

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98 OCT 27 PM 12:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # P93000038638 (1)

1. Corporation Name
 FLORIDA K-9 SERVICES, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/26/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0446604	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
24	25	29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
MCCAULEY, WENDY E 5001 HWY 427 SANFORD FL 32773 <i>(same as above)</i>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCCAULEY, WENDY E 5001 HWY 427 SANFORD FL 32773 <i>(same as above)</i>				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 *Wendy McCauley* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, WENDY E	1.2 NAME	
STREET ADDRESS	5001 COUNTY ROAD 427	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTON, VICKI	2.2 NAME	500002676895
STREET ADDRESS	5001 COUNTY ROAD 427	2.3 STREET ADDRESS	-10/30/98--01066--011
CITY-ST-ZIP	SANFORD FL 32773	2.4 CITY-ST-ZIP	****550.00 ****550.00
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	
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.

SIGNATURE *Wendy McCauley*

CR2E034 (5/98)



Florida K-9 Services, Inc.

5001 County Road 427 • Sanford, Florida 32773
Training (407) 339-2275 • Kennels (407) 321-3320 • FAX (407) 328-1237

www.floridak9services.com

Thursday, October 22, 1998

Department of State
Annual Filing Report
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Corporation Status

To Whom It May Concern:

This letter, as per my conversation with Leslie this morning, was requested to be sent along with our corporation filing form. As explained earlier, our check was sent as of the 15th of September, but never received by your office. Upon failure to find this check cleared through our bank on last month's statement, we checked your on-line service and found ourselves inactive. We have since stopped payment on said check and have issued a new one, enclosed.

Leslie indicated we were still able to send in our payment as before, without reinstatement charges along with this letter of explanation. We thank you in advance for your cooperation to this matter.

Sincerely,

Wendy McCauley
President, Florida K-9 Services, Inc.

Cc: file
Certified mail