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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTME[redacted]F STATE
Sandra B. Mo[redacted]m
Secretary of S[redacted]
DIVISION OF CORPO[redacted]ATIONS

DOCUMENT # P96000080983 (5)

1. Corporation Name
AUTOPET, INC.

Principal Place of Business	Mailing Address
945 HIBISCUS LANE NORTH FORT MYERS FL 33903	945 HIBISCUS LANE NORTH FORT MYERS FL 33903-4209

3. Date Incorporated or Qualified: 10/01/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1420 SE 3rd St.
22: Suite, Apt. #, etc.
23: City & State: CAPE CORAL, FL
24: Zip: 33990 — 25: Country: LEE

2a. Mailing Address
26: 1420 SE 3rd St.
27: Suite, Apt. #, etc.
28: City & State: CAPE CORAL, FL
29: Zip: 33990 — 30: Country: LEE

4. FEI Number: 65-0700648 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLAIR, HEIDE
945 HIBISCUS LANE
NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name: HEIDE BLAIR
82 Street Address (P.O. Box Number is Not Acceptable): 1420 SE 3RD ST.
83:
84 City: CAPE CORAL — FL — 85 Zip Code: 33990

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: HeideBlair (HEIDE BLAIR) 1/13/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOKSMA, ROMKE 945 HIBISCUS LANE NORTH FORT MYERS FL 33903	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D BLOKSMA, ROMKE 1420 SE 3RD ST. CAPE CORAL, FL 33990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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.

SIGNATURE: [redacted] SIGNATURE REQUIRED 2-28-97 941 732-0630