

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S70960** (7)  
1. Corporation Name  
**SHADY OAK KENNEL OF CITRA, INC.**



Principal Place of Business: **5717 N.W. GAINESVILLE RD Ocala FL 34475 US**  
Mailing Address: **5717 N.W. GAINESVILLE RD Ocala FL 34475 US**

2. Principal Place of Business: **21 5717 N.W. GAINESVILLE RD Ocala FL 34475 US**  
2a. Mailing Address: **26 411 W. LAKE BRANTLEY RD. Altamonte Springs, FL 34475 US**

3. Date Incorporated or Qualified: **08/06/1991**  
3a. Date of Last Report: **04/12/1995**  
4. FEI Number: **59-3077587**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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: **LLOYD, HELEN A. 5717 N.W. GAINESVILLE RD Ocala FL 34475**

10. Name and Address of New Registered Agent: **81 Name: DIANE L. STONAKER  
82 Street Address (P.O. Box Number is Not Acceptable): 411 W. LAKE BRANTLEY RD.  
83 City: ALTAMONTE SPRINGS FL 85 Zip Code: 34475**

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: *Diane L. Stonaker* **DIANE L. STONAKER SEC./TREAS. 4-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	PDV	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, HELEN A.	2. NAME	
STREET ADDRESS	5717 N.W. GAINESVILLE RD	3. STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	4. CITY, ST, ZIP	
TITLE	ST	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONAKER, DIANE L.	6. NAME	
STREET ADDRESS	411 W. LAKE BRANTLEY RD	7. STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPRGS FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 state in Section 119.07(3)(k), 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: *Diane L. Stonaker* **DIANE L. STONAKER SECRETARY / TREASURER 4/1/96 407-862-7242**

CR2E034 (12/95)