FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$70960 1. Corporation Name SHADY OAK KENNEL OF CITRA, INC

(7)

FILED Apr 13 1998 8:00am Secretary of State

SHADY	OAK KENNEL OF CITRA,	INC.			
Principal Plac	e of Business	Mailing Address			DIDH GIBN BIBN DIGN DIDN 1891
5717 N.W. GAINESVILLE RD 411 W. LAKE BRANTLEY RO			ROAD		
OGALA FL 34475 ALTAMONTE SPRINGS FL					W0 004 05
US		US		DO NOT WRITE IN THE	HIS SPACE
				3. Date Incorporated or Qualified	
9 Principal E	Place of Business	2a. Mailing Address		08/06/1991 4. FEI Number	
21	lace of Dusiness	— ·		1	Applied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.		59-3077587	Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	red Agent
	ONAKER, DIANE L.		81 Name		
411 W. LAKE BRANTLEY ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
AL.	TAMONTE SPRINGS FL 34475				
			83		
			84 City		. 85 Zip Code
					-L .!``
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute and Florida, Such change was a	is, the above-named corp ulborized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	se of changing its registered
agent. I a	am familiar with, and accord the oblig	ations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Diane Stonat	IN DIANG STON	aker Sec.		1/5/98
12.	Signature, typed or printed name of registered age	ent and little of applicable (NOTE D_DIRECTORS	Registered Agent signature requ	red when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 10
TITLE	PDV	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	LLOYD, HELEN A.	□ otten	1.2 NAME		onange Addition
STREET ADDRESS	5717 N.W. GAINESVILLE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	STONAKER, DIANE L.		2.2 NAME		
STREET ADDRESS	411 W. LAKE BRANTLEY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS FL		2. 4 CITY-ST-ZIP		
TITLE	1211111111112 011102 12	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP	1		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	•	Change Addition
NAME			4.2 NAME		• • • • • • • • • • • • • • • • • •
STREET ADDRESS			4.3 STREET ADORESS		ł
CITY-ST-ZIP	1		4.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	5.1 TITLE		Change Addition
NAME		•	52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		_ • • • • • • • • • • • • • • • • • • •
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
U111 01 LE	sortify that the information complied to		0.4 DH 1-01-79.	· · · · · · · · · · · · · · · · · · ·	

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

Tolan Horse

PRESIDENT/YP

4/5/98 3

352-732-6774