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Secretary of State

03-04-1999 90025 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S70960

1. Corporation Name SHADY OAK KENNEL OF CITRA, INC.

Principal Place of Business 5717 N.W. GAINESVILLE RD Ocala FL 34475 US

Mailing Address 411 W. LAKE BRANTLEY ROAD ALTAMONTE SPRINGS FL 34475 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/06/1991
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 owes the current year Intangible Personal Property Tax. [X] Yes [ ] No

2. Principal Place of Business 21-24
2a. Mailing Address 25-29
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
STONAKER, DIANE L.
411 W. LAKE BRANTLEY ROAD
ALTAMONTE SPRINGS FL 34475

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 32714

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PDV LLOYD, HELEN A. 5717 N.W. GAINESVILLE RD Ocala FL
ST STONAKER, DIANE L. 411 W. LAKE BRANTLEY RD ALTAMONTE SPRGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Diane L. Stonaker DATE: 2-10-99 Daytime Phone #: 407-862-7242

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