

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **181958** (0)
1. Corporation Name
WASHINGTON COUNTY KENNEL CLUB, INCORPORATED



Principal Place of Business: **INTERSECTION OF HWY 79 & HWY 20 EBRO FL 32437**
Mailing Address: **INTERSECTION OF HWY 79 & HWY 20 EBRO FL 32437**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 12/03/1954	3a. Date of Last Report 03/28/1995
4. FEI Number 59-0749464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HESS, LUTHER HWY 79 EBRO FL 32437				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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 (do not sign for corporation) (Print Name of Registered Agent Signature, type state, residential)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	HESS, LUTHER F.	1.2 NAME	Craig R. Stevens
STREET ADDRESS	10102 WOODSONG WAY	1.3 STREET ADDRESS	Gen. Delivery
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Ebro, Fl 32437
TITLE	VPD	2.1 TITLE	D
NAME	DERVAES, PAUL	2.2 NAME	Linda M. Bradley
STREET ADDRESS	2506 ROCKY PT. AVE.	2.3 STREET ADDRESS	9917 Birch Terrace
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Charlevoix, Mich 49720
TITLE	VPD	3.1 TITLE	
NAME	HATER, JOHN M.	3.2 NAME	
STREET ADDRESS	11508 TRASK S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33627	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	HATER, ROBERT E. II	4.2 NAME	
STREET ADDRESS	1330 NEEB RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45233	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	HESS, STOCKTON R	5.2 NAME	
STREET ADDRESS	BOX 111 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	EBRO FL 32437	5.4 CITY-ST-ZIP	
TITLE	ASD	6.1 TITLE	
NAME	HARRY L. HESS	6.2 NAME	
STREET ADDRESS	BOX 111 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	EBRO FL 32437	6.4 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 stated 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: *Luther F. Hess* **Luther F. Hess** 4/29/96 904-234-3943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone #

CR2E034 (12/95)