


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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/03/1954	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 6558 Dog Track Rd. Suite, Apt #, etc	2a. Mailing Address 26 6558 Dog Track Rd. Suite, Apt #, etc.
22 City & State 23 Ebro, FL	27 City & State 28 Ebro, FL
24 Zip 32437	25 Country Washington
29 Zip 32437	30 Country Washington

4. FEI Number 59-0749464	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HESS,LUTHER
HWY 79
EBRO FL 32437**

10. Name and Address of New Registered Agent
81 Name
Stockton R. Hess
82 Street Address (P.O. Box Number is Not Acceptable)
6512 Dog Track Rd.
83
84 City
Ebro **FL** 85 Zip Code
32437

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 **Stockton R. Hess President** DATE **4/28/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	HESS, LUTHER F.	
STREET ADDRESS	10102 WOODSONG WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/>
NAME	DERVAES, PAUL	
STREET ADDRESS	2506 ROCKY PT. AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/>
NAME	HATER, JOHN M.	
STREET ADDRESS	11508 TRASK S.	
CITY-ST-ZIP	TAMPA FL 33627	
TITLE	VPD	<input type="checkbox"/>
NAME	HATER, ROBERT E. II	
STREET ADDRESS	1330 NEEB RD	
CITY-ST-ZIP	CINCINNATI OH 45233	
TITLE	SD	<input type="checkbox"/>
NAME	HESS, STOCKTON R	
STREET ADDRESS	BOX 111 N/A	
CITY-ST-ZIP	EBRO FL 32437	
TITLE	ASD	<input type="checkbox"/>
NAME	HARRY L. HESS	
STREET ADDRESS	BOX 111 N/A	
CITY-ST-ZIP	EBRO FL 32437	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Stockton R. Hess		
1.3 STREET ADDRESS	6512 Dog Track Rd.		
1.4 CITY-ST-ZIP	Ebro, FL 32437		
2.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Harry L. Hess		
2.3 STREET ADDRESS	6558 Dog Track Rd.		
2.4 CITY-ST-ZIP	Ebro, FL 32437		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: **Stockton R. Hess** DATE **4/28/97** 904-234-3943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)