

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 701473 (1)  
1. Corporation Name  
DOG TRAINING CLUB OF ST PETERSBURG INC

Principal Place of Business Mailing Address  
C/O STAPLETON & SMITH, P.A. C/O STAPLETON & SMITH, P.A.  
6600 34 AVE. NO. 6600 34 AVE. NO.  
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/29/1960	3a. Date of Last Report 04/17/1996
4. FEI Number 23-7099551	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, TED  
C/O STAPLETON & SMITH, P.A.  
6600 34 AVE. NO.  
ST. PETERSBURG FL 33710

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONROY, ALAN	
STREET ADDRESS	4727 14TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	WALKER, VIRGINIA	
STREET ADDRESS	4690 36TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KILLEEN, JOANNE	
STREET ADDRESS	4711 47TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REED, LORRIE K	
STREET ADDRESS	4365 66TH AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNFORD, APRIL	
STREET ADDRESS	6698 27TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROHR, JUDY	
STREET ADDRESS	5662 63RD WAY N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	JULIA LIPSIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	4855 A Cobia Drive SE	
3.3 STREET ADDRESS	St Petersburg, FL 33705	
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7-28-97

527-9468

CP2E037 (4/97)