

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

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**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90029 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 181958**  
 1. Corporation Name  
**WASHINGTON COUNTY KENNEL CLUB, INCORPORATED**



Principal Place of Business 6558 DOG TRACK RD EBRO FL 32437 US	Mailing Address 6558 DOG TRACK RD EBRO FL 32437 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/03/1954	4. FEI Number 59-0749464	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  HESS, STOCKON R 6512 DOG TRACK RD EBRO FL 32437	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE	HESS, STOCKON R 6512 DOG TRACK RD EBRO FL	1.1 TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Paulette Austin 9531 Electric Ave. Thonotosassa, FL 33592
TITLE SD <input type="checkbox"/> DELETE	HESS, HARRY L 6558 DOG TRACK RD EBRO FL	2.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Margaret G. Hess 10102 Woodson Way Tampa, FL 33618
TITLE VPD <input type="checkbox"/> DELETE	HATER, JOHN M. 11508 TRASK S. TAMPA FL 33627	3.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Linda M. Bradley 9917 Birch Terrace Charlevoix, MI 49720
TITLE VPD <input type="checkbox"/> DELETE	HATER, ROBERT E. II 1330 NEEB RD CINCINNATI OH 45233	4.1 TITLE ATD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Craig R. Stevens 3181 Crystal Lake Dr. Chipley, FL 32428
TITLE SD <input checked="" type="checkbox"/> DELETE	HESS, STOCKON R BOX 111 N/A EBRO FL 32437	5.1 TITLE AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Roxann S. Laca P.O. Box 1147 Mango, FL 33550
TITLE ASD <input checked="" type="checkbox"/> DELETE	HARRY L. HESS BOX 111 N/A EBRO FL 32437	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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:** \_\_\_\_\_ **4-6-99** **850-234-3943**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)