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**Apr 13, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N28933**

1. Corporation Name

**PET PAL RESCUE, INC.**

Principal Place of Business

C/O SANDRA RAWLINS  
P.O. BOX 3753  
WINTER SPRINGS FL 32708

Mailing Address

C/O SANDRA RAWLINS  
P.O. BOX 3753  
WINTER SPRINGS FL 32708



2. Principal Place of Business

21 **P.O. Box 195672**

Suite, Apt. #, etc.

22 City & State

23 **WINTER SPRINGS, FL.**

Zip

24 **32719**

Country

25 **Seminole**

2a. Mailing Address

26 **P.O. Box 195672**

Suite, Apt. #, etc.

27 City & State

28 **WINTER SPRINGS, FL.**

Zip

29 **32719**

Country

30 **Seminole**

3. Date Incorporated or Qualified

**10/19/1988**

4. FEI Number

**59-2967819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**RAWLINS, SANDRA  
1002 GATOR LANE  
WINTER SPRINGS FL 32708**

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **RAWLINS, SANDRA**  
STREET ADDRESS **1002 GATOR LANE**  
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **STD** ☐ DELETE  
NAME **IRVIN, KAY**  
STREET ADDRESS **300 S. LOST LAKE LANE**  
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **VD** ☐ DELETE  
NAME **BOYLES, CHERYL**  
STREET ADDRESS **2296 ENTERPRISE RD #560**  
CITY-ST-ZIP **OSTEEN FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 617, 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 **Sandra Rawlins** **SIGNATURE REQUIRED** **SANDRA RAWLINS - PRESIDENT** **3-15-99** **699-4707**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037 (11/98)