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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550:00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

HAWKEYE KENNELS, I

Principal Place of Business

590 N. W. P.F. ALL & BLVD. SOITE 9

619515 - 90001 - 36

DO NOT WRITE IN THIS SPACE

PORT ST LUCIE	FL 3 4986 3. Date Incorporated or Qualified 9-13-98						
1 · · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For						
2. Principal Place of Business 21 3075 SPA(NG LAKE ASA)26 590 NW /	ENCOCK 81KD 65-0827450 Not Applicable						
Suite, Apt. #, etc.	5. Certifcate of Status Desired						
City & State City & State	6. Election Campaign Financing \$5.00 May Be						
23 DEFUNIAK SPRINGS, FLZB PORT ST L	UCIE FL Trust Fund Contribution Added to Fees						
Zip Country 2ip 433 25 USA 29 34986	8. This corporation owes the current year Intangible Personal Property Tax.						
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent						
81 Name AREAT / FROM M							
	Street Address (P.O. Box Number is Not Acceptable)						
	83 64 6						
	SU//E]						
	B4 City ST LUCIE FL 85 Zip Cook AC						
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 OURSETTORS IN 142						
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
THE INESCOENT DELETE	1.1 TITLE Change Additi						
NAME ROBERT L FROMM	12 NAME						
STREET ADDRESS 390 NW PF-ACOCK BLVD	1.3 STREET ADDRESS						
CITY-ST-ZIP SUITE 9 PORT ST LOUE FL	1.4 CITY-ST-ZIP						
TITLE 34986 DELETE	2.1 TTLE ☐ Change ☐ Additi						
NAME	2.2 NAME						
STREET ADDRESS	2.3 STREET ADDRESS						
CITY-ST-219 -	2.4 CRTY-ST-ZIP						
TITLE DELETE	3.1 TITLE Change Addit						
NAME	3.2 NAME						
STREET ADDRESS	3.3 STREET ADDRESS						
CITY-ST-ZIP	3.4. CITY-ST-ZIP						
TITLE DELETE	4.1 TITLE Change Addition						
NAME	4. 2 NAME						
STREET ADDRESS	4.3 STREET ADDRESS						
CITY-ST-ZIP	4.4 CITY-ST-ZIP						
TITLE DELETE	5.1 TTLE ☐ Change ☐ Additi						
NAME	5.2 NAME						
STREET ADDRESS	5.3 STREET ADDRESS						
CITY-ST-ZIP	5.4 CITY-ST-ZIP						
TITLE DELETE	6.1 TITLE Change Additi						
	6.2 NAME						

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

P98000333322 619515-9000 Division of Corporations
POBOX 6327
Tallahamer FC 32314 Enclosed is completed 1999 Amuel Report reflecting the cornect adopters. Appayatty the annual regarding mailed to a former address and never former address and be primed due to the fort Office of forwarding the report. Also died yet receive the application for any consideration in advance for any considerate Sirecely