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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMEN

Secretary of S DIVISION OF CORPO ATIONS

1998

DOCUMENT #

(1)

SANFORD-ORLANDO KENNEL CLUB INC.

FILED Jun 01 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				a sadiās tidat tidat sidaā (atilā faiti	4811 61911 64	All Bibli Bibli &	SOM DIGHT COOL
804 N THORNTON AVE.		604 N THORNTON AVE.							
P O BOX 533200		P O BOX 533200				DO NOT WOITE IN THE COACE			
ORLANDO FL 32853-0200		ORLANDO FL 32853-0200			-	DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 09/03/1926 	l		
2. Principal P	Pace of Business	2a. Mailing Address				4. FEI Number		1 1	applied For
21		26				59-0434870			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				· <u>-</u>			Additional
22		27				5. Certificate of Status Desired	\mathbf{X}		Required
City & State		City & State				6. Election Campaign Financing	,	\$5.00) May Be
23		28				Trust Fund Contribution	. 🗆		I to Fees
Zip	Country	Zψ	Country			8. This corporation owes or has p	aid the cu	urrent year Ir	ntangible
24	25	29	30	· · · · · · · · · · · · · · · · · · ·		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curren	t Registered Agent		04 1 1		10. Name and Address of New F	deretaige	Agent	
COLLINS,JACK G 1507 Bay Point Dr				81 Name	е				1
			82 Stree	1 Addres	s (P.O. Box Number is Not Accept	able)			
SA	NRASOTA FL 33580			83					
				33					
				84 City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and CO7 1509 Florida Clatur	los tho s	hous name	daaraar	ation submits this statement for the		ef shansins	ito registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by the co	propration	ation submits this statement for the n's board of directors. I hereby acc	ept the ap	pointment a	s 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, typind or printed name of registered agent and till if applicable (NOTE Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13.	- · · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFF		ID DIRECTO	RS IN 12
TITLE	ST	DELETE	111	ITLE	7		··· ·· · · · ·	Change	☐ Addition
NAME	CONWAY, FREDERICK J		1.2 NAME						
STREET ADDRESS	4088 MT ACADIA BLVD		1.3 STREET ADDRESS		s				ĺ
CITY-ST-ZIP	SAN DIEGO CA		1.4 0	ITY-ST-ZIP					
TITLE	V	☐ DELETE	2.1 1	TLE	CV			X Change	Addition
NAME	COLLINS, JACK G		2.2 N	ame					
STREET ADDRESS	1507 BAY POINT DR.		2.3 S	TREE1 ADDRESS	:				
CITY-ST-ZIP	SARASOTA FL	D Secret		CITY-ST-ZIP	 	······································		TT 2.	
TITLE	OP	☐ DELETE	3.1 7					L Change	☐ Addition
NAME	NICHOLS, DIANE A		3.2 N						
STREET ADDRESS	4821 "W" STREET NW			TREET ADDRESS	5				
CITY-ST-ZIP	WASHINGTON DC	X DELETE		ITY-ST-ZIP	- 			Chance	Addition
TITLE	COLLINS JERRY	CAN DECEME	4.1 T					☐ Change	TT NOGOOOD)
NAME STREET ADDRESS	1423 HILLVIEW DR.		4.21						
	SARASOTA FL			TREET ADDRESS	`				
CITY-ST-ZIP TITLE	D	DELETE	4.4 U	TLE	 		····	Change	Addition
NAME	MURPHY, MARGARET C		5.2 N		1				
STREET ADDRESS	45 SUNSET ROCK ROAD			TREET ADDRESS	. 1				
CITY-ST-ZIP	ANDOVER MA			ITY-ST- <i>T</i> IP					
TITLE	EV	DELETE	6.1 T	 	1	V 17 A		Change	Addition
NAME	HAGEN, CATHERINE C		62 N	AME				,	į
STREET ADDRESS	20 WILLOW HILL ROAD			THEET ADDRESS	. [Ì
CITY-ST-ZIP	ST. LOUIS MO			TY-ST-ZIP					
14. I hereby o	certify that the information supplied wil		or the ex	emption sta					
officer or a	on this annual report or supplemental director of the corporation or the rece	iver or trustee empowered to	ciurate an execute :	u inai my si this report a	ignature s as require	snaii nave the same legal effect as ed by Chapter 607, Florida Statutes	ir made u ; and that	nder oath; th my name ar	nat i am an Opears in
Block 12 d	or Blo ck 13 if changed, or on an attac	hment with an address.		•	-				į