FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **129006** **(3)**

1. Corporation Name
JACKSONVILLE KENNEL CLUB, INC.

Principal Place of Business	Mailing Address
1440 N. MCDUFF AVE **P.O. BOX 54249** **JACKSONVILLE 1 FL 32245-1249**	**1440 N. MCDUFF AVE** **P.O. BOX 54249** **JACKSONVILLE 1 FL 32245-4249**

3. Date Incorporated or Qualified: **05/11/1934**
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-0306410** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KORMAN, HOWARD I.
4490 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSTON, WILLIAM 8901 COUNTY LINE RD. HINSDALE IL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD PITOCCHELLI, ROBERT J. 2827 FOREST MILL LANE JACKSONVILLE, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITOCCHELLI, ROBERT J 2827 FORESTHMILL LANE JACKSONVILLE, FL 00000	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ASST. TREASURER HOWELL, JOHN C. 499 BEACH AVENUE ATLANTIC BEACH, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BIDWILL, CHARLES 911 SUNSET WINNETKA, ILL 00000	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D BURNETT, WILLIAM R. 5545 BROADWATER LANE CLARKSVILLE, MD 21029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KORMAN, HOWARD 4490 SOUTHSIDE BLVD. JACKSONVILLE, FL 0	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D JOHNSTON, JOHN A. 8901 COUNTY LINE ROAD HINSDALE, IL 60521	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWELL, JOHN 499 BEACH AVENUE ATLANTIC BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D PATTON, LUCILE 2064-600 W EARL PARK, IN 47942-8674	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D PITOCCHELLI, MARY P. 2827 FOREST MILL LANE JACKSONVILLE, FL	☐ Change ☒ Addition

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard I. Korman Howard I. Korman 1/31/97 646-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADDITION

DIRECTOR
BIDWILL, III, CHARLES W.
800 HAPP ROAD
NORTH FIELD, IL 60093