

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 27 1998 8:00am
Secretary of State

DOCUMENT # 129006 (3)

1. Corporation Name
JACKSONVILLE KENNEL CLUB, INC.



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

Mailing Address
1440 N. MCDUFF AVE
P.O. BOX 54249
JACKSONVILLE 1 FL 32245-1249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/11/1934

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

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 VD
NAME PITOCHELLI, ROBERT J
STREET ADDRESS 2827 FOREST MILL LANE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE AT
NAME HOWELL, JOHN C
STREET ADDRESS 499 BEACH AVE
CITY-ST-ZIP ATLANTIC BEACH FL ☐ DELETE

TITLE STD
NAME BIDWILL, CHARLES
STREET ADDRESS 911 SUNSET
CITY-ST-ZIP WINNETKA, ILL 00000 ☐ DELETE

TITLE PD
NAME KORMAN, HOWARD
STREET ADDRESS 4490 SOUTHSIDE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 0 ☐ DELETE

TITLE D
NAME BURNETT, WILLIAM R
STREET ADDRESS 5545 BROADWATER LANE
CITY-ST-ZIP CLARKSVILLE MD ☐ DELETE

TITLE D
NAME JOHNSTON, JOHN A
STREET ADDRESS 8901 COUNTY LINE ROAD
CITY-ST-ZIP HINSDALE IL ☐ DELETE

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

SIGNATURE

Howard I. Korman

CP2E034 (10/97)