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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 129006

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 32245-1249

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/11/1934

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / 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 owes the current year Intangible Personal Property Tax. ☐ 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	VD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	PITOCCHELLI, ROBERT J		1.2 NAME		
STREET ADDRESS	2827 FOREST MILL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	32257	
TITLE	AT	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	HOWELL, JOHN C		2.2 NAME		
STREET ADDRESS	499 BEACH AVE		2.3 STREET ADDRESS	351 11TH STREET	
CITY-ST-ZIP	ATLANTIC BEACH FL		2.4 CITY-ST-ZIP	32233	
TITLE	STD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	BIDWILL, CHARLES		3.2 NAME		
STREET ADDRESS	911 SUNSET		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINNETKA, ILL 00000		3.4 CITY-ST-ZIP	60093	
TITLE	PD	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	KORMAN, HOWARD		4.2 NAME		
STREET ADDRESS	4490 SOUTHSIDE BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 0		4.4 CITY-ST-ZIP	32216	
TITLE	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	BURNETT, WILLIAM R		5.2 NAME		
STREET ADDRESS	5545 BROADWATER LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLARKSVILLE MD		5.4 CITY-ST-ZIP	21029	
TITLE	D	☐ DELETE	6.1 TITLE		☑ Change ☐ Addition
NAME	JOHNSTON, JOHN A		6.2 NAME	915 ELM STREET	
STREET ADDRESS	8901 COUNTY LINE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	HINSDALE IL		6.4 CITY-ST-ZIP	HINSDALE, IL 60521	

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.

SIGNATURE: X Howard Korman (Required)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CRPE034 (11/98)