FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:27

DOCUMENT # **260534** **(3)**

1. Corporation Name
COUNTRY PET SUPPLY INC., N.W.

Principal Place of Business
11316 N 46TH ST
SUITE 1
~~TEMPLE TERRACE~~ FL ~~33687-0000~~
US Tampa 33617

Mailing Address
11316 N 46TH ST
SUITE 1
~~TEMPLE TERRACE~~ FL ~~33687-0000~~
US Tampa 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1962
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-0993821 — Applied For / Not Applicable

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

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
LEVINE, BERN M.
6000 S.W. 118TH AVENUE
MIAMI FL 33183

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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 registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, B. M.	1.2 NAME	
STREET ADDRESS	6000 S.W. 118TH AVENUE	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	CHANCEY, KEN	2.2 NAME	
STREET ADDRESS	11316 N 46TH ST SUITE 1	2.3 STREET ADDRESS	
CITY ST ZIP	~~TEMPLE TERRACE FL~~	2.4 CITY - ST - ZIP	Tampa, Fl 33617
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, MARY	3.2 NAME	
STREET ADDRESS	6000 S.W. 118TH AVENUE	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, MARY	4.2 NAME	
STREET ADDRESS	6000 S..W 118TH AVE.	4.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33183	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	MEYER, TERRI	5.2 NAME	
STREET ADDRESS	11316 N 46TH ST SUITE 1	5.3 STREET ADDRESS	
CITY ST ZIP	~~TEMPLE TERRACE~~ FL	5.4 CITY - ST - ZIP	Tampa, Fl 33617
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further certify that the information indicated on the 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 the 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: Terry H. Levine — 1-12-95 — 305-595-1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300390 CP