FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **272018** **(3)**

1. Corporation Name
REGAL PET CENTERS OF TAMPA INC

Principal Place of Business	Mailing Address
5110 W.IDLEWILD P.O.BOX 15164 TAMPA FL 33684	5110 W.IDLEWILD P.O.BOX 15164 TAMPA FL 33684

3. Date Incorporated or Qualified: **07/19/1963**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-1023857** ☐ Applied For ☐ Not Applicable

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 —

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**

PELLECCHIA,CARMINE D
5110 W IDLEWOLD
TAMPA FL 33614

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 ______
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	VSD	☐ DELETE
NAME	HAZATONE, CLAUDIA A	
STREET ADDRESS	5110 W IDLEWILD AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VD	☐ DELETE
NAME	PELLECHIA, JOSEPH M	
STREET ADDRESS	5110 W IDLEWILD AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PTD	☐ DELETE
NAME	PELLECCHIA, CARMINE D	
STREET ADDRESS	5110 W IDLEWILD AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VD	☐ DELETE
NAME	PELLECCHIA, DONALD E	
STREET ADDRESS	5110 W IDLEWILD AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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. 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: Carmine D Pellecchia [signature] 2/7/96 813 885-1568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)