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95 FEB 27 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 548276 (5)
1. Corporation Name
BLANELL K-9, INC.

Principal Place of Business Mailing Address
5575 S.R. 520 COCOA FL 32926 **5575 S.R. 520 COCOA FL 32926**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/04/1977 **03/22/1994**
4. FEI Number Applied For
59-1798582 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
VOGEL, SHELDON B
5575 S.R. 520
COCOA, FL
32922

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 the filer, if applicable. (DATE) Registered Agent signature required when re-registered.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | PO | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOGEL, SHELDON B. | 12. NAME | |
| STREET ADDRESS | RT. 2 BOX 965 W.HWY 520 | 13. STREET ADDRESS | |
| CITY - ST - ZIP | COCOA FL | 14. CITY - ST - ZIP | |
| TITLE | D | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOGEL, NELL S. | 22. NAME | |
| STREET ADDRESS | RT. 2 BOX 965 W.HWY 520 | 23. STREET ADDRESS | |
| CITY - ST - ZIP | COCOA FL | 24. CITY - ST - ZIP | |
| TITLE | | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY - ST - ZIP | | 34. CITY - ST - ZIP | |
| TITLE | | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY - ST - ZIP | | 44. CITY - ST - ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY - ST - ZIP | | 54. CITY - ST - ZIP | |
| TITLE | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY - ST - ZIP | | 64. 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 the last 19 (17) (b), 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nell S. Vogel* **Vogel, Nell S.** **2-22-95 407-632-9342**