

**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

APPROVED  
AND  
FILED

95 JUL 20 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #548276 Amended Report

1. Corporation Name

BLANELL K-9 Inc.

100001545231  
-07/25/95--01058--007  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
5575 SR 520  
Cocoa FL 32926 SAME

3. Date Incorporated or Qualified 10-4-1977  
3a. Date of Last Report 2-22-95  
4. FEI Number 59-1798582  
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 has liability for intangible tax under S 199.032 Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent  
Sheldon B. Vogel  
5575 SR 520  
Cocoa FL 32926

10. Name and Address of New Registered Agent  
81 Name Nell S. Vogel  
82 Street Address (P.O. Box Number is Not Acceptable) 5575 SR 520  
83  
84 City Cocoa, FL 85 Zip Code 32926

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	President Delete
NAME	Sheldon B. Vogel
STREET ADDRESS	5575 SR 520
CITY, ST, ZIP	Cocoa, FL 32926
TITLE	Secretary
NAME	Nell S. Vogel
STREET ADDRESS	5575 SR 520
CITY, ST, ZIP	Cocoa, FL 32926
TITLE	Treasurer
NAME	Nell S. Vogel
STREET ADDRESS	5575 SR 520
CITY, ST, ZIP	Cocoa, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President Change
12 NAME	Nell S. Vogel
13 STREET ADDRESS	5575 SR 520
14 CITY, ST, ZIP	Cocoa, FL 32926
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	Treasurer Change
32 NAME	Toni R. Vogel
33 STREET ADDRESS	4635 Lime St.
34 CITY, ST, ZIP	Cocoa, FL 32926
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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 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 on Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Nell S. Vogel *Nell S. Vogel* 7-13-95 407-632-9242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)