

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 # 548276 (5)

1. Corporation Name

BLANELL K-9, INC.

Principal Place of Business

5575 S.R. 520  
COCOA FL 32926

Mailing Address

5575 S.R. 520  
COCOA FL 32926



2. Principal Place of Business

21 557 S.R. 520  
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME  
Suite, Apt. #, etc.

22 City & State  
23 COCOA, FL

27 City & State  
28

24 Zip 32926  
25 Country Brevard

29 Zip  
30 Country

3. Date Incorporated or Qualified  
10/04/1977

3a. Date of Last Report  
02/27/1995

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

9. Name and Address of Current Registered Agent

VOGEL, NELL S.  
5575 S.R. 520  
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

Vogel, Toni R.

82 Street Address (P.O. Box Number is Not Acceptable)

83

4625 Lime St.

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

SIGNATURE

Toni R. Vogel

Toni R. Vogel

3/2/96

(Signature typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME VOGEL, NELL S.  
STREET ADDRESS 5575 SR 520  
CITY-ST-ZIP COCOA FL 32926

☒ DELETE

TITLE T  
NAME VOGEL, TONI R.  
STREET ADDRESS 4625 LIME ST.  
CITY-ST-ZIP COCOA FL 32926

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Vogel, Toni R.  
1.3 STREET ADDRESS 4625 Lime St  
1.4 CITY-ST-ZIP COCOA, FL 32926

☒ Change ☐ Addition

2.1 TITLE Secretary  
2.2 NAME Vogel, Toni R.  
2.3 STREET ADDRESS 4625 Lime St  
2.4 CITY-ST-ZIP COCOA, FL 32926

☒ Change ☐ Addition

3.1 TITLE Treasurer  
3.2 NAME Andrews Robin L.  
3.3 STREET ADDRESS 4860 Oxeye Rd  
3.4 CITY-ST-ZIP COCOA, FL 32926

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(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 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:

Nell S. Vogel

Nell S. Vogel

1-16-96 407-632-9242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)