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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **585340** **(3)**

1. Corporation Name
HOUND & HORSE SUPPLY, INC.

Principal Place of Business
1020 CHAPEAU ROAD
JACKSONVILLE FL 32211

Mailing Address
1020 CHAPEAU ROAD
JACKSONVILLE FL 32211-5822

3. Date Incorporated or Qualified: **09/06/1978**
3a. Date of Last Report: **02/28/1996**

2. Principal Place of Business
21 | Suite, Apt. #, etc.
22 | City & State
23 | Zip | Country
24 | 25

2a. Mailing Address
26 | Suite, Apt. #, etc.
27 | City & State
28 | Zip | Country
29 | 30

4. FEI Number: **59-1908052** ☐ 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
CHARLES SORNESON,ESQ.
1108 BLACKSTONE BUILDING
BAY STREET
JACKSONVILLE,FL A 32202

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: **DP** NAME: **PELLICER, FRANCIS R, JR** STREET ADDRESS: **1020 CHAPEAU RD** CITY-ST-ZIP: **JACKSONVILLE, FL 00000**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: **VD** NAME: **PELLICER, JUDITH MILAN** STREET ADDRESS: **1020 CHAPEAU RD** CITY-ST-ZIP: **JACKSONVILLE, FL 00000**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Judith M. Pellicer JUDITH M. PELLICER 3-14-97 (904)7247205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone