APR-30-99 04:25 PM P.R.E.S.L.E.Y&C.O. 40

**FILED**
**May 15, 1999 8:00 am**
**Secretary of State**
05-15-1999 90016 006 ***150.00

**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

551589 - 90016 - 6

**DOCUMENT # 655760**

1. Corporation Name
CONNELL KENNELS, INC.

Principal Place of Business
15901 ACORN CIRCLE
TAVARES, FL

Mailing Address
P.O. BOX 950550
LAKE MARY, FL
32795-0550

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
02-14-80

4. FEI Number
59-1949077
☐ 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
RODNEY CONNELL
15901 ACORN CIRCLE
TAVARES, FL

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | STD<br>CONNELL, ARNELL G.<br>15901 ACORN CIRCLE<br>TAVARES, FL | ☐ DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | VD<br>CONNELL, MARK B.<br>3479 NE COUNTY RD 337<br>HIGH SPRINGS, FL 32655 | ☐ DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | 7717 SW 57 OF BLVD<br>GAINESVILLE FL 32608 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | PD<br>CONNELL, RODNEY H.<br>15901 ACORN CIRCLE<br>TAVARES, FL | ☐ DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | VD<br>CONNELL, MELINDA JANE<br>935 COUNTY RD 466A<br>FRUITLAND PARK, FL 34731 | ☐ DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY ST - ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | | ☐ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/98)

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