

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

MAY - 1
AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F04715** (1)

1. Corporation Name
ALL AMERICAN DOG TRAINING ACADEMY, INC.

Principal Place of Business Mailing Address
210 NITA DRIVE SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE.

| | | | |
|--|---------------------|--|---------------------|
| 3. Date Incorporated or Qualified 11/07/1980 | | 3a. Date of Last Report 05/27/1994 | |
| 2. Principal Place of Business 21 | | 4. FEI Number 59-2059704 | |
| 2a. Mailing Address 26 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. 22 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State 28 | | 7. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip 24 | County 25 | Zip 29 | County 30 |

9. Name and Address of Current Registered Agent
**WHITE, GLEN E.
210 NITA DRIVE
SEFFNER FL 33584**

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 *Glen E. White President*

DATE **3-31-95**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|------------------------------------|---|--|
| TITLE DP | NAME WHITE, GLEN E. | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 210 NITA DRIVE | CITY, ST, ZIP SEFFNER FL | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY, ST, ZIP | |
| TITLE D | NAME WHITE, MARI JO | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 210 NITA DRIVE | CITY, ST, ZIP SEFFNER FL | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY, ST, ZIP | |
| TITLE D | NAME PITTMAN, GINA M | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 2233 SELKIRK ST | CITY, ST, ZIP VALRICO FL | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY, ST, ZIP | |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 4.2 NAME | |
| CITY, ST, ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY, ST, ZIP | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 5.2 NAME | |
| CITY, ST, ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY, ST, ZIP | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6.2 NAME | |
| CITY, ST, ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY, ST, ZIP | |

D
WHITE, TONY J.
210 NITA DRIVE
SEFFNER, FLORIDA 33584

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: **GLEN E. WHITE PRESIDENT** *Glen E. White* **3-31-95** **813 685 6666**

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ANNUAL REPORT
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FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -
M 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F04715 (1)**
1. Corporation Name
ALL AMERICAN DOG TRAINING ACADEMY, INC.

Principal Place of Business Mailing Address
210 NITA DRIVE SEFFNER FL 33584 **210 NITA DRIVE SEFFNER FL 33584**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-------|---------------------|-------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 11/07/1980 | 05/27/1994 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 59-2059704 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | 28 | | <input checked="" type="checkbox"/> | |
| City | State | City | State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 6. This corporation files liability for intangible tax under s. 199, Fla. Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| WHITE, GLEN E. 210 NITA DRIVE SEFFNER FL 33584 | | | | 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: *Glen E. White President* DATE: **3-31-95**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------|---|--|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, GLEN E. | 1.2 NAME | |
| STREET ADDRESS | 210 NITA DRIVE | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | SEFFNER FL | 1.4 CITY, ST, ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, MARI JO | 2.2 NAME | |
| STREET ADDRESS | 210 NITA DRIVE | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | SEFFNER FL | 2.4 CITY, ST, ZIP | |
| TITLE | D | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PITTMAN, GINA M | 3.2 NAME | |
| STREET ADDRESS | 2233 SELKIRK ST | 3.3 STREET ADDRESS | WHITE, TONY J. |
| CITY, ST, ZIP | VALRICO FL | 3.4 CITY, ST, ZIP | 210 NITA DRIVE |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | |

14. I do hereby certify that the information required 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: **GLEN E. WHITE PRESIDENT** *Glen E. White Pres.* DATE: **3-31-95** 813 685 4666

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CORPORATION
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1995



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

MAY - 11 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F04715 (1)**

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ALL AMERICAN DOG TRAINING ACADEMY, INC.

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DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified **11/07/1980** 9a. Date of Last Report **05/27/1994**

4. FEI Number **59-2059704** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, GLEN E.
210 NITA DRIVE
SEFFNER FL 33584**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 607.0705, Florida Statutes.

SIGNATURE *Glen E. White President* DATE **3-31-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|-----------------|
| TITLE | DP |
| NAME | WHITE, GLEN E. |
| STREET ADDRESS | 210 NITA DRIVE |
| CITY - ST - ZIP | SEFFNER FL |
| TITLE | D |
| NAME | WHITE, MARI JO |
| STREET ADDRESS | 210 NITA DRIVE |
| CITY - ST - ZIP | SEFFNER FL |
| TITLE | D |
| NAME | PITTMAN, GINA M |
| STREET ADDRESS | 2233 SELKIRK ST |
| CITY - ST - ZIP | VALRICO FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|--------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | WHITE TONY J. |
| 33 STREET ADDRESS | 210 NITA DRIVE |
| 34 CITY - ST - ZIP | SEFFNER, FLORIDA 33584 |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

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SIGNATURE: **GLEN E. WHITE PRESIDENT** DATE: **3-31-95** 813 685 6666