

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F04715 (1)**

1. Corporation Name

ALL AMERICAN DOG TRAINING ACADEMY, INC.



Principal Place of Business

**210 NITA DRIVE
SEFFNER FL 33584**

Mailing Address

**210 NITA DRIVE
SEFFNER FL 33584**

3. Date Incorporated or Qualified
11/07/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

59-2059704

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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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

Signature typed or printed name of registered agent and the filer.

Signature of Registered Agent signed upon registration.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WHITE, GLEN E.	
STREET ADDRESS	210 NITA DRIVE	
CITY - ST - ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, MARI JO	
STREET ADDRESS	210 NITA DRIVE	
CITY - ST - ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, TONY J.	
STREET ADDRESS	210 NITA DR.	
CITY - ST - ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
2. 3. STREET ADDRESS	
2. 4. CITY - ST - ZIP	
3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2. NAME	
3. 3. STREET ADDRESS	
3. 4. CITY - ST - ZIP	
4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2. NAME	
4. 3. STREET ADDRESS	
4. 4. CITY - ST - ZIP	
5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2. NAME	
5. 3. STREET ADDRESS	
5. 4. CITY - ST - ZIP	
6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. NAME	
6. 3. STREET ADDRESS	
6. 4. 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **GLEN E. WHITE PRESIDENT** *Glen E. White* **3/19/96 (813) 685-6666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)