

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 # F41268 (6)

1. Corporation Name

DICK MILES CANINE TRANSPORTATION, INC.



Principal Place of Business

Mailing Address

4841 OCEAN BLVD
P.O. BOX 35306
SARASOTA FL 34242
US

8 NEWCOMB PL. TAUNTON. MA
P.O. BOX 35306
SARASOTA FL 34242

2. Principal Place of Business

2a. Mailing Address

21 4841 OCEAN BLVD

26 4841 OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SARASOTA FL

28 SARASOTA FL

Zip

Country

Zip

Country

24 34242 25 SARASOTA

29 34242 30 SARASOTA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/13/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2121558

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

10. Name and Address of New Registered Agent

MILES RICHARD E.
SR436 MONTEREY APT. NORTH #833
ALTAMONTE SPRINGS FL 32750

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Richard E. Miles* RICHARD E. MILES

Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MILES, RICHARD E
STREET ADDRESS MONTEREY APT N 833
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE STD ☐ DELETE
NAME MILES, RICHARD E
STREET ADDRESS MONTEREY APT N 833
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE VD ☐ DELETE
NAME MILES, JAMES F
STREET ADDRESS WINTHROP & HARRISON ST
CITY-ST-ZIP TAUNTON MA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ 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 or changed, or on an attachment with an address.

SIGNATURE: *Richard E. Miles* RICHARD E. MILES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

941/3461245

DATE

Day/Time Phone #

CR2E034 (12/95)