

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Aug 14 1996 8:00 am  
Secretary of State

DOCUMENT # F46265

(7)

1. Corporation Name

DESOTO AVIARIES AND KENNEL, INC.

Principal Place of Business

Mailing Address

2526 MYAKKA ROAD  
2526 MYAKKA RD  
SARASOTA FL 34240-9768  
US

13260 NORTH BRANCH ROAD  
2526 MYAKKA RD  
SARASOTA FL 34240  
US

3. Date Incorporated or Qualified

09/28/1981

3a. Date of Last Report

08/01/1995

2. Principal Place of Business →

2a. Mailing Address SAME

21 Suite, Apt. #, etc.

26 2526 MYAKKA RD SAC. FL 34240

4. FEI Number

59-2146460

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHILLING, WILLIAM J  
13260 NORTH BRANCH ROAD  
SARASOTA FL 34240

81 Name

TODD LEE ETZEL

82 Street Address (P.O. Box Number is Not Acceptable)

2526 MYAKKA RD

83

84

City Sarasota

FL

85 Zip Code  
34240

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

TODD LEE ETZEL (Treasurer/Sec./Managing Director)

8-1-96

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-notifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SCHILLING, WILLIAM J  
STREET ADDRESS 2526 MYAKKA RD.  
CITY-ST-ZIP SARASOTA FL

☒ DELETE

11 TITLE PD  
12 NAME SUSAN E WATTS  
13 STREET ADDRESS 2526 MYAKKA RD  
14 CITY-ST-ZIP SARASOTA FL 34240

☒ Change ☒ Addition

TITLE VD  
NAME SCHILLING, LETTY  
STREET ADDRESS 2526 MYAKKA RD.  
CITY-ST-ZIP SARASOTA FL

☒ DELETE

21 TITLE VD  
22 NAME CRAIG A SCHNEIDER  
23 STREET ADDRESS 2526 MYAKKA RD  
24 CITY-ST-ZIP SARASOTA FL 34240

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

31 TITLE TM/Sec/Agent  
32 NAME TODD LEE ETZEL  
33 STREET ADDRESS 2526 MYAKKA RD  
34 CITY-ST-ZIP SARASOTA FL 34240

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan E Watts

Susan Watts

8-1-96

941-322-2023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)