FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:27

DOCUMENT # **F93000003697 (0)**

1. Corporation Name
PETSTUFF, YOUR PETS' SUPERSTORE INC.

Principal Place of Business	Mailing Address
655 HEMBREE PARKWAY, SUITE G ROSWELL GA 30076	655 HEMBREE PARKWAY, SUITE G ROSWELL GA 30076

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 36-3806170 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	1.1 TITLE	V ☐ Change ☑ Addition
NAME	FLANEGAN, JAMES A	1.2 NAME	MAYLE, RONALD
STREET ADDRESS	655 HEMBREE PARKWAY, SUITE G	1.3 STREET ADDRESS	655 HEMBREE PKWY, SUITE G
CITY-ST-ZIP	ROSWELL GA 30076	1.4 CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	V	2.1 TITLE	V ☐ Change ☑ Addition
NAME	DANIEL, THOMAS	2.2 NAME	GOTTLIEB, MARK
STREET ADDRESS	655 HEMBREE PARKWAY, SUITE G	2.3 STREET ADDRESS	655 HEMBREE PKWY, SUITE G
CITY-ST-ZIP	ROSWELL GA 30076	2.4 CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	STV	3.1 TITLE	V ☐ Change ☑ Addition
NAME	KLIMBACK, THOMAS J	3.2 NAME	PHILIPPI, ARMAND
STREET ADDRESS	655 HEMBREE PARKWAY, SUITE G	3.3 STREET ADDRESS	655 HEMBREE PKWY, SUITE G
CITY-ST-ZIP	ROSWELL GA	3.4 CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	D	4.1 TITLE	D ☐ Change ☑ Addition
NAME	RUTH, LLOYD D	4.2 NAME	DUTY, DAVID
STREET ADDRESS	655 HEMBREE PARKWAY, SUITE G	4.3 STREET ADDRESS	655 HEMBREE PARKWAY, SUITE G
CITY-ST-ZIP	ROSWELL GA 30076	4.4 CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	D	5.1 TITLE	D ☐ Change ☑ Addition
NAME	HOPF, PATRICK A	5.2 NAME	LANSDALE, DARYL
STREET ADDRESS	655 HEMBREE PARKWAY, SUITE G	5.3 STREET ADDRESS	655 HEMBREE PKWY, SUITE G
CITY-ST-ZIP	ROSWELL GA 30076	5.4 CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	D	6.1 TITLE	D ☐ Change ☑ Addition
NAME	STEGALL, RONALD	6.2 NAME	ROCHE, KEVIN
STREET ADDRESS	655 HEMBREE PARKWAY, SUITE G	6.3 STREET ADDRESS	655 HEMBREE PARKWAY, SUITE G
CITY-ST-ZIP	ROSWELL GA 30076	6.4 CITY-ST-ZIP	ROSWELL, GA 30076

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)(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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS KLIMBACK 3/20/95 772-597-6404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VP FINANCE

0308617 FP