SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0116997

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 26 AM 8:02

DOCUMENT # **F95000004708**

1. Corporation Name
DOANE PET CARE COMPANY

Principal Place of Business	Mailing Address
103 POWELL COURT SUITE 200 BRENTWOOD TN 37027	P.O. BOX 2487 BRENTWOOD TN 37024-2487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **43-1350515**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation owes the current year Intangible Personal Property. ☐ 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) 352580--5
-08/06/99--01058--005
83 ****550.00 ****550.00

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	COBD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, GEORGE B		1.2 NAME	
STREET ADDRESS	EIGHT GREENWAY PLAZA, STE 714		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77046		1.4 CITY-ST-ZIP	
TITLE	PCEO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAHILL, DOUGLAS J		2.2 NAME	
STREET ADDRESS	103 POWELL COURT, SUITE 200		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027		2.4 CITY-ST-ZIP	
TITLE	SVPS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HEIDENTHAL, THOMAS R		3.2 NAME	
STREET ADDRESS	103 POWELL COURT, SUITE 200		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027		3.4 CITY-ST-ZIP	
TITLE	SVPO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COWAN, F. DONALD		4.2 NAME	
STREET ADDRESS	103 POWELL COURT, SUITE 200		4.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BECHTEL, TERRY W		5.2 NAME	
STREET ADDRESS	103 POWELL COURT, SUITE 200		5.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027		5.4 CITY-ST-ZIP	
TITLE	VPCD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WOHLSCHLAEGER, RICHARD D		6.2 NAME	
STREET ADDRESS	103 POWERLL COURT, SUITE 200		6.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027		6.4 CITY-ST-ZIP	

$8.75

14. I hereby certify that the information supplied with this filing 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 added by an attachment with an address.

SIGNATURE: _____ 7/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)