

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F96000000039 (5)**

1. Corporation Name  
**WR'S KENNEL, INC.**



Principal Place of Business  
**10 LAUDERDALE RD  
CHELMSFORD MA 01824**

Mailing Address  
**10 LAUDERDALE RD  
CHELMSFORD MA 01824**

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/29/1995</b>   | 3a. Date of Last Report<br>—          |
| 4. FEI Number<br><b>04-3159602</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|   |   |
|---|---|
| 2. Principal Place of Business                            | 2a. Mailing Address                                       |
| 21 <b>27501 PELICAN RIDGE CIR.</b><br>Suite, Apt. #, etc. | 26 <b>27501 PELICAN RIDGE CIR.</b><br>Suite, Apt. #, etc. |
| 22<br>City & State  | 27<br>City & State  |
| 23 <b>BONITA SPRINGS FL</b><br>Zip Country                | 28 <b>BONITA SPRINGS FL</b><br>Zip Country                |
| 24 <b>33923</b> 25 <b>USA</b>                             | 29 <b>33923</b> 30 <b>USA</b>                             |

9. Name and Address of Current Registered Agent  
**WILCOX, JEFF  
120 ROYAL PALM RD  
UNIT 101  
HIALEAH GARDENS FL 33016**

|                                       |  |    |                                  |                                |
|---------------------------------------|--|----|----------------------------------|--------------------------------|
| 81 Name<br><b>WILLIAM F. ROSS SR.</b> | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>27501 PELICAN RIDGE CIR.</b> | 83 | 84 City<br><b>BONITA SPRINGS</b> | 85 Zip Code<br><b>FL 33923</b> |
|---------------------------------------|--|----|----------------------------------|--------------------------------|

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 **WILLIAM F ROSS SR** **William F Ross Sr** **4/19/96**

| 12. OFFICERS AND DIRECTORS |                            | DELETED                         |
|----------------------------|----------------------------|---------------------------------|
| TITLE                      | <b>CPD</b>                 | <input type="checkbox"/> DELETE |
| NAME                       | <b>ROSS, WILLIAM F</b>     |                                 |
| STREET ADDRESS             | <b>10 LAUDERDALE RD</b>    |                                 |
| CITY - ST - ZIP            | <b>CHELMSFORD MA 01824</b> |                                 |
| TITLE                      | <b>VCTD</b>                | <input type="checkbox"/> DELETE |
| NAME                       | <b>ROSS, JEANNE M</b>      |                                 |
| STREET ADDRESS             | <b>10 LAUDERDALE RD</b>    |                                 |
| CITY - ST - ZIP            | <b>CHELMSFORD MA 01824</b> |                                 |
| TITLE                      |                            | <input type="checkbox"/> DELETE |
| NAME                       |                            |                                 |
| STREET ADDRESS             |                            |                                 |
| CITY - ST - ZIP            |                            |                                 |
| TITLE                      |                            | <input type="checkbox"/> DELETE |
| NAME                       |                            |                                 |
| STREET ADDRESS             |                            |                                 |
| CITY - ST - ZIP            |                            |                                 |
| TITLE                      |                            | <input type="checkbox"/> DELETE |
| NAME                       |                            |                                 |
| STREET ADDRESS             |                            |                                 |
| CITY - ST - ZIP            |                            |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 | Change                              | Addition                            |
|---|---------------------------------|-------------------------------------|-------------------------------------|
| 1.1 TITLE   | <b>CPD</b>                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 1.2 NAME  | <b>ROSS SR, WILLIAM F</b>       |                                     |                                     |
| 1.3 STREET ADDRESS                                    | <b>27501 PELICAN RIDGE CIR.</b> |                                     |                                     |
| 1.4 CITY - ST - ZIP                                   | <b>BONITA SPRINGS FL 33923</b>  |                                     |                                     |
| 2.1 TITLE   | <b>VCTD</b>                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 NAME  | <b>ROSS JR, WILLIAM F</b>       |                                     |                                     |
| 2.3 STREET ADDRESS                                    | <b>27501 PELICAN RIDGE CIR.</b> |                                     |                                     |
| 2.4 CITY - ST - ZIP                                   | <b>BONITA SPRINGS FL 33923</b>  |                                     |                                     |
| 3.1 TITLE   | <b>SCTD</b>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3.2 NAME  | <b>ROSS, JEANNE M</b>           |                                     |                                     |
| 3.3 STREET ADDRESS                                    | <b>27501 PELICAN RIDGE CIR.</b> |                                     |                                     |
| 3.4 CITY - ST - ZIP                                   | <b>BONITA SPRINGS FL 33923</b>  |                                     |                                     |
| 4.1 TITLE   |                                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4.2 NAME  |                                 |                                     |                                     |
| 4.3 STREET ADDRESS                                    |                                 |                                     |                                     |
| 4.4 CITY - ST - ZIP                                   |                                 |                                     |                                     |
| 5.1 TITLE   |                                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5.2 NAME  |                                 |                                     |                                     |
| 5.3 STREET ADDRESS                                    |                                 |                                     |                                     |
| 5.4 CITY - ST - ZIP                                   |                                 |                                     |                                     |
| 6.1 TITLE   |                                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 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: **William F Ross Sr** **WILLIAM F ROSS SR** **4/19/96** **944-495-3225**

CR2E034 (12/95)