# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
FILED
95 MAY -1 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H34022 (4)

1. Current Name
BJ'S PET PALACE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2140 W BUSCH BLVD<br>TAMPA FL 33612<br>US | 2140 W BUSCH BLVD.<br>TAMPA FL 33612<br>US |

Do not write in this SPACE

3. Date Incorporated or Qualified: 12/13/1984
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 9241 LAZY LANE
Suite, Apt. #, etc.: 22
City & State: 23 TAMPA, FL
Zip: 24 33614 Country: 25 USA

2a. Mailing Address
26 9241 LAZY LANE
Suite, Apt. #, etc.: 27
City & State: 28 TAMPA, FL
Zip: 29 33614 Country: 30 USA

4. FEI Number: 59-2466514 ☐ 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 listed at least one officer as required by Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PETTS, BEVERLY J.
2140 W BUSCH BLVD.
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9241 LAZY LANE
83
84 City: TAMPA FL 85 Zip Code: 33614

11. Pursuant to the provisions of Section 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: (If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Office address, but not Registered Agent, any officer may sign here.) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 1 TITLE | PD | 1 TITLE | ☐ Change ☐ Addition |
| 1 NAME | PETTS, BEVERLY J. | 1 NAME | |
| 1 STREET ADDRESS | 8007 LAGO VISTA | 1 STREET ADDRESS | |
| 1 CITY-ST-ZIP | TAMPA FL | 1 CITY-ST-ZIP | |
| 2 TITLE | ST | 2 TITLE | ☐ Change ☐ Addition |
| 2 NAME | PETTS, BEVERLY J. | 2 NAME | |
| 2 STREET ADDRESS | 8007 LAGO VISTA | 2 STREET ADDRESS | |
| 2 CITY-ST-ZIP | TAMPA FL | 2 CITY-ST-ZIP | |
| 3 TITLE | | 3 TITLE | ☐ Change ☐ Addition |
| 3 NAME | | 3 NAME | |
| 3 STREET ADDRESS | | 3 STREET ADDRESS | |
| 3 CITY-ST-ZIP | | 3 CITY-ST-ZIP | |
| 4 TITLE | | 4 TITLE | ☐ Change ☐ Addition |
| 4 NAME | | 4 NAME | |
| 4 STREET ADDRESS | | 4 STREET ADDRESS | |
| 4 CITY-ST-ZIP | | 4 CITY-ST-ZIP | |
| 5 TITLE | | 5 TITLE | ☐ Change ☐ Addition |
| 5 NAME | | 5 NAME | |
| 5 STREET ADDRESS | | 5 STREET ADDRESS | |
| 5 CITY-ST-ZIP | | 5 CITY-ST-ZIP | |
| 6 TITLE | | 6 TITLE | ☐ Change ☐ Addition |
| 6 NAME | | 6 NAME | |
| 6 STREET ADDRESS | | 6 STREET ADDRESS | |
| 6 CITY-ST-ZIP | | 6 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this report is true, complete and accurate. I further certify that this report complies with the annual report or supplemental annual report requirements of Chapter 607, Florida Statutes. I further certify that 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 to this report.

SIGNATURE: Beverly J. Petts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (813) 933-6274
Date Telephone #

0295842 CP