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 JAN 13 AM 9:53

DOCUMENT # H59847 (4)

1. Corporation Name
SORRY DOGS, INC.

Principal Place of Business	Mailing Address
RT 2 BOX 826-A C R 317 BUSHNELL FL 33513 US	RT 2 BOX 826-A C R 317 BUSHNELL, FL 33513 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1985
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 4954 C.R. 317	26 4954 C.R. 317
Suite, Apt. #, etc. 22 Bushnell	Suite, Apt. #, etc. 27 Bushnell
City & State 23 FL	City & State 28 FL
Zip 24 33513 Country 25 U.S.	Zip 29 33513 Country 30 U.S.

4. FEI Number: 59-2554342 ☐ 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	10. Name and Address of New Registered Agent
LOWERY, DANIEL H. RT 2 BOX 826-A C R 317 N/A BUSHNELL FL 33513	81 Name: Lowery, Daniel H. 82 Street Address (P.O. Box Number is Not Acceptable): 4954 C.R. 317 83 84 City: Bushnell FL 85 Zip Code: 33513

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: No change except address — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE: SAME	☒ Change ☐ Addition
NAME	LOWERY, DANIEL H.	12 NAME: SAME	
STREET ADDRESS	RT 2 BOX 826-A N/A C R 317	13 STREET ADDRESS: 4954 C.R. 317	
CITY ST ZIP	BUSHNELL FL	14 CITY ST ZIP: Bushnell, FL 33513	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, DONALD L.	22 NAME	
STREET ADDRESS	PO BOX 415 N/A	23 STREET ADDRESS	
CITY ST ZIP	LAKE PANASOFFKEE FL 33538	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, DONALD L.	32 NAME	
STREET ADDRESS	PO BOX 415 N/A	33 STREET ADDRESS	
CITY ST ZIP	LAKE PANASOFFKEE FL 33538	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I declare, under penalty, 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 above, if applicable.

SIGNATURE: Daniel H. Lowery — 1-9-95 — 904-360-6540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0288194 CR