

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J39490** (4)
1. Corporation Name
FANCY FINS PET CENTER, INC.



Principal Place of Business: **7277 103RD ST JACKSONVILLE FL 32210**
Mailing Address: **7277 103RD ST JACKSONVILLE FL 32210**

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

3. Date Incorporated or Qualified: **10/24/1986**
3a. Date of Last Report: **09/25/1995**
4. FEIN Number: **59-2740483** 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 is liable for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**DAVIS, JOHN D
8362 103RD STREET
JACKSONVILLE FL 32210**

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 607.02(1)(a) and 607.02(1)(b), Florida Statutes, the above named corporation hereby certifies 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Sections 607.02(1)(a) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS
TITLE: **SVT** NAME: **KELSAY, VICKI** STREET ADDRESS: **7277 103RD ST JACKSONVILLE FL**
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: _____ Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY, ST, ZIP: _____ Change Addition
5. NAME: _____
6. STREET ADDRESS: _____
7. CITY, ST, ZIP: _____ Change Addition
8. NAME: _____
9. STREET ADDRESS: _____
10. CITY, ST, ZIP: _____ Change Addition

14. I do hereby certify that the information supplied with this filing is true and correct, for the exception in statute. See Form 119-07(309), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct, and that my term does shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, that the corporation is duly organized under the laws of the State of Florida, and that my name appears in Block 12 or Block 13 if changed or added at a Florida meeting.

SIGNATURE: *Vicki Kelsay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 777-6360

CR2E034 (12/95)