

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 32210-6706**

3. Date Incorporated or Qualified: **10/24/1986**  
3a. Date of Last Report: **03/28/1996**

2. Principal Place of Business: **8636 Charlesgate Cir N Jacksonville FL 32244 USA**  
2a. Mailing Address: **8636 Charlesgate Cir N Jacksonville FL 32244 USA**

4. FEI Number: **59-2740483**  
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:  
**DAVIS, JOHN D  
8362 103RD STREET  
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent:  
81 Name: **DAVIS, JOHN D.**  
82 Street Address (P.O. Box Number is Not Acceptable): **4543 Westmont Dr**  
83 City: **Jacksonville** FL 85 Zip Code: **32210**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SVT</b>	<input type="checkbox"/> DELETE
NAME	<b>KELSAY, VICKI</b>	
STREET ADDRESS	<b>7277 103RD ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</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

1.1 TITLE	<b>SVT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Ellis, Vicki</b>	
1.3 STREET ADDRESS	<b>8636 Charlesgate Cir N</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville FL 32244</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 on an attachment with an address.

SIGNATURE: **Vicki L Ellis** 3/12/97 313-4207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)