

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT 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 JUN 13 AM 8:43

DOCUMENT # J91540

(1)

1. Corporation Name

VOLUSIA K-9, INC.

Principal Place of Business

422 W. ROOT ST., LAKE HELEN, FL. 32744
P.O. BOX 21
LAKE HELEN FL. 32744

Mailing Address

422 W. ROOT ST., LAKE HELEN, FL. 32744
P.O. BOX 21
LAKE HELEN FL. 32744

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/08/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2823452

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for interstate tax under s. 185.002, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

O'CONNOR, DANIEL
422 W. ROOT ST
LAKE HELEN FL

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 607.0502 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

PO
O'CONNOR, DANIEL
422 W. ROOT ST.
LAKE HELEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY ST ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information contained 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 checked, or as an attachment with an address.

SIGNATURE:

[Signature] **Daniel D. O'Connor**

6/9/95

904-228-8647

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number

CR2E034 (3/95)