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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K03184

(4)

Mailing Address

DIAL KENNELS OF ALABAMA, INC.

FILED Mar 07 1997 8:00am Secretary of State

	ШН				

% EDWARD E. HEDSTROM 601 ST. JOHNS AVE. PALATKA FL 32177-4643		% EDWARD E. F 601 ST. JOHNS PALATKA FL 321	AVE.			3. Date incorporated or Qualified 11/18/1987	3a. Date of Last R 02/05/1996	leport	
2. Principal Place o	l Business	2a. Mailing Add	ress	- 1	,-,,	4. FEI Number	· · · · · · · · · · · · · · · · · · ·	oplied For	
21		26				59-2860088	No.	ot Applicable	
Suite, Apt #, etc		Suite, Apt. #	, etc			5. Certificate of Status Desired Section 48.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing		May Be to Fees	
[23]	Country	28 Zip		Countr	/	Trust Fund Contribution 8. This corporation has liability for it			
24	25	29	30	··]			ntangible tax under s] Yes ■ No	. 199.032,	
9. Name and Address of Current Registered Agent					·····	gistered Agent	1 Agent		
HEDSTRO)M, EDWARD E.			81	Name				
	IOHNS AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	FL 32077			83	Street 7 tal	Toda (1.0. Box Hamber to Ho, Abdoptob			
							······································		
İ				84	City		FL 85 Zip	Code	
office or rugiste	red agent, or both, in the	7 0502 and 607 1508, Flor State of Florida, Such chal obligations of, Section 607	nge was auti	horized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	urpose of changing I	ts registered registered	
SIGNATURF Signaria	n Type d or put hid Lame of register	ren agent and tite it applicable	(NOTE: R	Registered Ag	ent signature requ	uired when reinstating)	DATE		
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12	
THE PS			ELETE	1.1 TITLE			Change	Addition	
	NOW, A. E.			1.2 NAME					
	1 BOX 722			1.3 STREE	ADDRESS				
	PALATKA FL			1.4 CITY-	ST-ZIP				
TITLE S		∐ 0	ELETE	21 TITLE	İ		[] Change	Addition	
	NOW, ANN T.			2.2 NAME					
	1 BOX 722			2.3 STREE	ADDRESS				
	alatka FL		C1 C7C	2. 4 CITY	ST-ZIP		[] Chase	L. delition	
TITLE T	COV MEDIE	.	ELETE	3.1 TITLE			Change	Addition	
	COX, MERLE			3.2 NAME					
DAI	11 LANE ST. LATKA FL			1	ADDRESS				
C-IY SI-ZIP PAL	LATINA FL	Пп	ELETE	3.4 CITY- 4.1 TITLE	S1-ZIP		Change	Addition	
NAVE				4.1 MAME			Las change		
STREET ADDRESS.					I ADDRESS				
				4.3 SINEE					
Crty - S1 - 716 Till(E			ELETE	5.1 TITLE	J 1 - 21F		Change	Addition	
NAM		-		5.2 NAME					
STREET ATIONESS					T ADDRESS				
City St 77				54 CHY-					
THEE		D	ELETE	61 TITLE			Change	Addition	
NAME				6 2 NAME					
STREET ADDRESS:				63 STREE	T ADDRESS				
CITY St. 789				64 C(TY-	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:

SIGNATURE AND TYPES OF PRINTED HAVE OF SIGNING OFFICE

Pres

3-3-97

104-328242

mic Phone #