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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** K14816

181

Principal Plao	AM'S PET HARBOR, INC.	Mailing Address			
	is gardens blyd /en fl 33880	329 CYPRESS GARDE WINTER HAVEN FL <b>33</b>	NS BLVD 880		
		79. sagar a sagar a		3. Date Incorporated or Qualified 02/08/1988	3a. Date of Last Report 05/01/1995
21	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2872313	Applied For Not Applicable
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State		Election Campaign Financing     Trust Fund Contribution	5.00 May Be
Zip 24	Country 25	Ζiρ 29	Country 30	8. This corporation has liability for Florida Statutes X Yes	
	9. Name and Address of Curren			10. Name and Address of New F	
DUNHAM, STEVEN 1324 E. LAKE CANNON DR WINTER HAVEN FL 33880			<ul><li>81 Name</li><li>82 Street A</li><li>83</li><li>84 City</li></ul>	ddress (P.O. Box Number is Not Acceptat	
SIGNATURE	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section and accept the obligations of Section (Separature, based or printed hank of registered agent a		es, the above-named cor ed by the corporation's b TE: Registered Agent signature rec	poration submits this statement for the pur locard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P	☐ DELETE	1. 1 TITLE		Change Addition
NAME	DUNHAM, STEVEN R.		1.2 NAME		
STREET ADDRESS	1324 LAKE CANNON DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 C/TY - ST - Z/P		
TITLE	DUNHAM, ANNE	☐ DELETE	2. 1 TITL€		Change Addition
STREET ADDRESS CITY-ST-ZIP	1324 E LAKE CANNON DR WINTER HAVEN FL		2.2 NAME 2.3 STREET ADDRESS		
TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TiTLE		El Change El Adellica
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		1
TOTLE		DELETE	4 1 TITLE		Change Addition
NAMē			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
C-TY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP		P Decete	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
STREET ADDRESS	*		6.3 STREET ADDRESS		
14. Ldo hereby	certify that the information supplied with	a this files is valuated . f	6.4 CITY-ST-ZIP	E. H.	

too 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)(k). 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 lipchanged, or on an attachment with an aptices.

SIGNATURE:

3-26-96 9412930ASO