

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L06098**

**(2)**

1. Corporation Name

**JIM'S PET DEPOT, INC.**



Principal Place of Business

**3818 MARNE PLACE  
JACKSONVILLE FL 32223**

Mailing Address

**3818 MARNE PLACE  
JACKSONVILLE FL 32223**

3. Date Incorporated or Qualified  
**07/31/1989**

3a. Date of Last Report  
**06/14/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1517 University Blvd, West**

**26 1517 University Blvd, West**

4. FEI Number  
**59-2959811**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

**23 Jacksonville, FL**

**28 Jacksonville, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

**24 32217**

**25 Duval**

**29 32217**

**30 Duval**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUCAS, JAMES S  
3818 MARNE PLACE  
JACKSONVILLE FL 32223**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**9062 Southwark Drive**

83

84 City

**Jacksonville, FL**

**FL**

85 Zip Code  
**32257**

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 the Corporation

Signature typed or printed name of registered agent and the Corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PST LUCAS, JAMES S**  
STREET ADDRESS **3818 MARNE PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **D LUCAS, JAMES S**  
STREET ADDRESS **3818 MARNE PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE ☒ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS **9062 Southwark Drive**  
4. CITY-ST-ZIP **Jacksonville, FL 32257**

2. TITLE ☒ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS **9062 Southwark Drive**  
4. CITY-ST-ZIP **Jacksonville, FL 32257**

3. TITLE ☐ Change ☐ Addition  
3. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition  
4. NAME  
4. STREET ADDRESS  
4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition  
5. NAME  
5. STREET ADDRESS  
5. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition  
6. NAME  
6. STREET ADDRESS  
6. CITY-ST-ZIP

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)(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 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES S. LUCAS**

4/15/96

904 636-9729

CR2E034 (12/95)