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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06098

(2)

JIM'S PET DEPOT, INC.

FILED Apr 21 1997 8:00am Secretary of State



Principal Place of Business 1517 UNIVERSITY BLVD., W JACKSONVILLE FL 32217 US			1517 UNIVERSITY BLVD., W JACKSONVILLE FL 32217-2005			T HER CLOSES OF CHEST ORANGE TOLIS SENS SENS OF THE STATE			
					07/31/1989		3a. Date of Last Report 04/25/1996		
	Place of Business	2a. Mailing Address				4- FEI Number		A	pplied For
21 26						59-2959811			ot Applicable
Suite, Apt	#, 6tC	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	ite:	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
$Z\Phi$	Country	Zip Country		intry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30				Yes [
	9. Name and Address of C	urrent Registered Agent		L.,		10. Name and Address of New Reg	istered /	Agent	
	JCAS, JAMES S			81	Name				
	062 SOUTHWARK DR			82	Street Add	ress (P.O. Box Number is Not Acceptab	e)		
JA	ACKSONVILLE FL 32257		i			787 1 441 444 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
				83					
				84	City			85 Zip	Code
ĺ				اتا	City		FL	100 Z/P	COGO
agent La SIGNATURE	and familiar with, and accept the	•				poration submits this statement for the pi tion's board of directors. I hereby accept ared when reinstating)	DATE	Ontenent as	registered
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
THE	PST	DELETE	1.1 TI	TLE				Change	☐ Addition
NAM:	LUCAS, JAMES S		1.2 N/	AME					
STREET ADDRESS	9062 SOUTHWARK DR.		1.3 \$1	TREET A	ADDRESS				
0:1Y+S1+ZIE	JACKSONVILLE FL		1.4 CI	IY-SI	- ZIP				
7111.5	D	DELETE						Change	Addition
NAMi	LUCAS, JAMES S		22 N/	AME					
STREET ADDRESS	9062 SOUTHWARK DRIV	Æ	2351	REET A	ADDRESS				
CHY SI-ZIP	JACKSONVILLE FL			ITY-ST	i i				
THLE	1	DELETE	31 T)		-			Change	Addition
NAME			32 NA	AME					
STREET ADDRESS			3.3 ST	REET A	ADDRESS				
CHTY ST. ZIP				ITY-ST					
141.,F		DELETE	4.1 1)					Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS	1		4.3 ST	REET A	UDRESS				
017V S1-7IP				TY-ST-					
Delty F		DELETE	5.1 Til					Change	Addition
NAME			5.2 NA						
STREET ADDRESS					address				
CHY St 7-2			4	TY-ST					
TITLE		DELETE	6.1 TII		.=:		•	Change	Addition
NAMI			6.2 NA						- 100.1.011
STREET ADDRESS			i i		DORESS				
City - \$1 - 76				TY-SI-					
	by certify that the information sur	policed with this filing does not a	uality for the	exem	notion stated	d in Section 119.07(3)(i), Florida Statutes	Lfurther	certify that	tho

If the needby deathy that the information supplied with this hing does not quality for the exemption stated in Section 119 D/(3)(i), Florida Statutes. I further certify that the information indicated on the samuel 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 regiver 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 open attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/15/97

(904) 636-9729

Daytimo Prione