

FILED
Apr 22 1998 8:00am
Secretary of State

DOCUMENT # L06098 (2)
1. Corporation Name
JIM'S PET DEPOT, INC.

Principal Place of Business	Mailing Address
1517 UNIVERSITY BLVD.. W JACKSONVILLE FL 32217 US	1517 UNIVERSITY BLVD.. W JACKSONVILLE FL 32217 US

*Moved 11/1/97
TS
✓*

2. Principal Place of Business		2a. Mailing Address	
21	8717 Old Kings Road South	2b	8717 Old Kings Road South
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Jacksonville, FL	28	Jacksonville, FL
Zip		Zip	
24	32217	29	32217
Country		Country	
25	U.S.	30	U.S.

9. Name and Address of Current Registered Agent	
LUCAS, JAMES S 9082 SOUTHWARK DR JACKSONVILLE FL 32257	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	PST	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	LUCAS, JAMES S			1.2 NAME	
STREET ADDRESS	9062 SOUTHWARK DR.			1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL			1.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	LUCAS, JAMES S			2.2 NAME	
STREET ADDRESS	9062 SOUTHWARK DRIVE			2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP				3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

3. Date Incorporated or Qualified 07/31/1989	
4. FEI Number 59-2959811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
(If P.O. Box Number is Not Acceptable)	
FL	85 Zip Code

14. I 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.

CP2E034 (10/97)