FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36800** **(3)**

1. Corporation Name

CANINE HELPMATES, INC.

Principal Place of Business	Mailing Address
37340 NORTH C.R. 44A EUSTIS FL 32726 US	37340 NORTH C.R. 44A EUSTIS FL 32726 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3004639 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

9. Name and Address of Current Registered Agent

DUNN, DIANE G.
37340 NORTH C.R. 44A
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: Fyfe, Diane D.
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

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: Diane D. Fyfe DIANE D. FYFE PRESIDENT May 8, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	FYFE, DIANE D.	12 NAME		
STREET ADDRESS	37340 N. C.R. 44A	13 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	FULLENWIDER, JULEE	22 NAME		
STREET ADDRESS	1301 CLOVER DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA CA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	RANDALL, SARA	32 NAME	Fisk, Donna	
STREET ADDRESS	269 BAY ARISTOCRAT VLG.	33 STREET ADDRESS	200 Maryland Avenue	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	St. Cloud, Fl 34769	
TITLE	V	41 TITLE	D	☐ Change ☒ Addition
NAME	HENNESSEY, BARBARA	42 NAME		
STREET ADDRESS	998 SOUSA DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	MCCOLLUM, CYNTHIA	52 NAME	Hennessey, Barbara	
STREET ADDRESS	1452 DINNERBELL LANE	53 STREET ADDRESS	998 Sousa Drive	
CITY-ST-ZIP	DUNEDIN FL	54 CITY-ST-ZIP	Largo, Florida 34641	
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	FYFE, RICHARD T	62 NAME		
STREET ADDRESS	37340 NORTH C.R. 44A	63 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added to the altered with an address.

SIGNATURE: Diane D. Fyfe April 24, 1995 (904) 357-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0031949