FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011230 (9)**

1. Corporate Name

SAMUEL PERKINS D.O.G., INC.

Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 640
NAPLES FL 33963

Mailing Address

801 LAUREL OAK DRIVE
SUITE 640
NAPLES FL 33963

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification: **12/11/1992**

3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **65-0378400** ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

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

City & State
23

City & State
28

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

Zip
24

County
25

Zip
29

County
30

8. This corporation has assets, as contemplated by s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DRIVE
SUITE 640
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1938, 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 resolution duly adopted by the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	☐ Change ☐ Addition
NAME	WOODWARD, MARK J	
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 640	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	☐ Change ☐ Addition
NAME	PIRES, ANTHONY P JR	
STREET ADDRESS	801 LAUREL OAK DR, SUITE 640	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is true, complete and accurate, as required by Chapter 607.1622(1)(b), 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 added by this report.

SIGNATURE: Mark J. Woodward 4/26/95 (813) 566-3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0331430 CP