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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000035651 (7)

MAVERICK KENNELS LTD., INC. Principal Place of Business Mailing Address 1315 BEACON ST. 1315 BEACON ST NEW SMYRNA BEACH FL 32169 NEW SMYRNA BCH. FL 32169-2215 3. Date incorporated or Qualified 3a. Date of Last Report 05/18/1993 09/03/1996 2. Principal Place of Business 2s. Mailing Address Applied For 4. FEI Number 21 59-3180134 Not Applicable Suite, Ant. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FLANAGAN, CHERYL L 1315 BEACON ST 82 Street Address (P.O. Box Number is Not Acceptable) NEW SMYRNA BCH. FL 32169 83 84 City Zip Code 85 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. Familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE fally after. Typed or peopled name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13 THE DELETE Change FLANAGAN, CHERYL 1.2 NAME NAME CR2E034 1315 BEACON ST 1.3 STREET ADDRESS STREET ADORESS NEW SMYRNA BEACH FL 1.4 CiTY-ST-ZIP DELETE Change Addition 111.6 2.1 TITLE FLANAGAN, RICHARD 2.2 NAME NAM: 1315 BEACON ST 2.3 STREET ADDRESS STRUET ADDRESS **NEW SMYRNA BEACH FL** 2. 4 CITY - ST - ZIP CHY-ST-ZIP DELETE Channe Addition 1.111 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C-1Y-5*-7iP DELETE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY-ST-7IP CHY-ST 200 DELETE 5.1 TITLE Change ☐ Addition THE 5.2 NAME NAME 5.3 STREET ADDRESS SURFEL AFORESS CHY-51-7-2 5.4 DiTY-ST-ZIP UL.F DELETE 6 1 TITLE Addition 6.2 NAME KAM **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST- ZIP 14. I do 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it 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.