

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 29 PM 6: 55**

DOCUMENT # **P93000038562 (3)**

1. Corporation Name  
**PAT'S PEDIGREE, INC.**

Principal Place of Business      Mailing Address  
**6161 B LAUREL LN      6161 B LAUREL LN**  
**TAMARAC FL 33319      TAMARAC FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/28/1993      02/14/1994**

4. FEI Number      Applied For  
**65-0421941      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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FISHER, PATRICIA E**  
**6161 B LAUREL LN**  
**TAMARAC FL 33319**

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 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

(Signature, typed or printed name of registered agent and title if applicable)

(DATE) (Signature, typed or printed name of registered agent and title if applicable)

(DATE)

**12. OFFICERS AND DIRECTORS**

| TITLE | NAME                        | STREET ADDRESS          | CITY, ST, ZIP           |
|-------|-----------------------------|-------------------------|-------------------------|
|       | <b>P FISHER, PATRICIA E</b> | <b>6161 B LAUREL LN</b> | <b>TAMARAC FL 33319</b> |
| TITLE | NAME                        | STREET ADDRESS          | CITY, ST, ZIP           |
| TITLE | NAME                        | STREET ADDRESS          | CITY, ST, ZIP           |
| TITLE | NAME                        | STREET ADDRESS          | CITY, ST, ZIP           |
| TITLE | NAME                        | STREET ADDRESS          | CITY, ST, ZIP           |
| TITLE | NAME                        | STREET ADDRESS          | CITY, ST, ZIP           |
| TITLE | NAME                        | STREET ADDRESS          | CITY, ST, ZIP           |
| TITLE | NAME                        | STREET ADDRESS          | CITY, ST, ZIP           |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME           |   |
| 1 3 STREET ADDRESS |   |
| 1 4 CITY, ST, ZIP  |   |
| 2 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME           |   |
| 2 3 STREET ADDRESS |   |
| 2 4 CITY, ST, ZIP  |   |
| 3 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME           |   |
| 3 3 STREET ADDRESS |   |
| 3 4 CITY, ST, ZIP  |   |
| 4 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME           |   |
| 4 3 STREET ADDRESS |   |
| 4 4 CITY, ST, ZIP  |   |
| 5 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME           |   |
| 5 3 STREET ADDRESS |   |
| 5 4 CITY, ST, ZIP  |   |
| 6 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME           |   |
| 6 3 STREET ADDRESS |   |
| 6 4 CITY, ST, ZIP  |   |

14. I 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)(b), Florida Statutes. I further certify that the information included 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, changed, or on an attachment with an address.

SIGNATURE: *Patricia E Fisher*      Patricia E Fisher      1-25-95  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR      (Typed Name)