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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000049277 (5)

1. Corporation Name

DOG LOVERS, INC.



Principal Place of Business

Mailing Address

4215 MARINE PARKWAY
NEW PORT RICHEY FL 34652

4215 MARINE PARKWAY
NEW PORT RICHEY FL 34652

2. Principal Place of Business

2a. Mailing Address

21 39918 U.S. HIGHWAY 19N.

26 P.O. Box 340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TARPON SPRINGS, FL

28 TARPON SPRINGS, FL

24 Zip

Country

29 Zip

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34689

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34688-0340

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/08/1993

3a. Date of Last Report

04/06/1995

4. FEI Number

59-3196542

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

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

10. Name and Address of New Registered Agent

HANSEN, CARL
4215 MARINE PARKWAY
NEW PORT RICHEY FL 34652

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 607.0602 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 of person who is not registered agent and does not apply

(If only Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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)(k), 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.

SIGNATURE: Carl O. Hansen PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL O. HANSEN

1-26-96 813-937-1705
Date Date Printed

CR2E034 (12/95)