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 APR 18 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056264 (3)

1. Corporation Name
YOUR FAMILY KENNELS, INC.

Principal Place of Business	Mailing Address
2200 WOODLAWN DR. ORLANDO FL 32803	2200 WOODLAWN DR. ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1993
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-3194014 — Applied For / Not Applicable

2. Principal Place of Business
21 5001 CR 427
22 Suite, Apt. #, etc. Sanford Fl
23 City & State
24 Zip 32771
25 Country Seminole

2a. Mailing Address
26 unchanged.
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

9. Name and Address of Current Registered Agent
RIDDICK, MAX F
2200 WOODLAWN DR
ORLANDO FL 32803

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 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 M. F. Riddick President — DATE 4/12/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIDDICK, MAX F
STREET ADDRESS	2200 WOODLAWN DR
CITY ST ZIP	ORLANDO FL 32803
TITLE	D
NAME	RIDDICK, ULRIKE W
STREET ADDRESS	3949 JOURNEY CT
CITY ST ZIP	CASSELBERRY FL 32707
TITLE	D
NAME	RIDDICK, MAX ANDREW
STREET ADDRESS	3949 JOURNEY CT
CITY ST ZIP	CASSELBERRY FL 32707
TITLE / NAME	D. Patricia M. Riddick
STREET ADDRESS	2200 Woodlawn Dr.
CITY ST ZIP	Orlando, Fla 32803
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP		☐	☐
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP	Ulrike W. Riddick, 5001 CR 427, Sanford, Fl 32771	☑	☐
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP	Riddick, Max Andrew, 5001 CR 427, Sanford, Fl 32771	☑	☐
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP	Riddick, Patricia M., 2200 Woodlawn Dr., Orlando, Fl 32803	☐	☑
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP		☐	☐
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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)(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: M. F. Riddick President 3/29/95 407-767-9610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
M. F. Riddick

0055264 CP