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 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070279 (3)

1. Corporate Name

SKIP'N KAT'S ENTERPRISES, INC.

Principal Office Address

416 APPLEROUTH LN
KEY WEST FL 33040
US

Mailing Address

416 APPLEROUTHLN
KEY WEST FL 33040
US

FOR OFFICE USE ONLY

3. Date Incorporated (Year Only): 10/08/1993

3a. Date of Last Report: 05/24/1994

2. Previous Corporate Name

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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24 | 25 | 29 | 30

4. FEI Number: 65-0441795

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. The corporate net income is eligible for exemption tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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 607.0501, and/or F.S. 608 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, thereby, accepting the appointment as registered agent. I am familiar with and hereby accept the duties of Section 607.0501, F.S. Florida Statutes.

12. OFFICERS AND DIRECTORS

P
MACLEOD, ROBERT MILES
416 APPLEROUTH LN
KEY WEST FL

VP
MACLEOD, KATHRYN URBAN
416 APPLEROUTH LN
KEY WEST FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve the same as if made under oath. 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 is added.

SIGNATURE: I [signature] May 8, 1995 (305) 294-5662

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL | Date | Area Code & Daytime Phone Number

0000065 CF