FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:33

DOCUMENT # P94000008045 (4)

1. Corporate Name

PURRFECT PETSITTERS, INC.

Principal Address

6957 16TH TERRACE N
#773
ST. PETERSBURG FL 33710

Mailing Address

6957 16TH TERRACE N
#773
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified: 02/01/1994

3a. Date of Last Report:

2. Principal Place of Business

21

Suite, Apt. #

22

City, State

23

Zip

24 Country 25

2a. Mailing Address

26 POB 40974

Suite, Apt. #

27 St Pete

City, State

28

Zip 29 33743 Country 30

4. FEI Number: 59-3225690 — 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 § 199.032 Florida Statutes: [ ] Yes X No

9. Name and Address of Current Registered Agent

KEENEY, BELEA
6957 16TH TERRACE N.
#773
ST. PETERSBURG FL 33710

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 607.0505, or 617.0505, 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. The 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

12. OFFICER AND DIRECTOR DATA

TITLE
NAME BT Keeney
ADDRESS 6957 16 Terr N
CITY-ST-ZIP St Pete FL 33710

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[X] Change [ ] Addition
TITLE P
NAME Belea T. Keeney
ADDRESS POB 40974
CITY-ST-ZIP St Pete FL 33743

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

REMITTED BY MAIL

14. I hereby certify that the information supplied with this report is accurate, complete and current, and that I am qualified to file this report under Section 607.0505, Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual report filed with or made 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 hereof or on an attached addendum.

SIGNATURE: BT Keeney BT Keeney
SIGNATURE AND TYPE OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4-18-95 813 576-3789
Date Daytime Phone

0445606 FP