FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000015689 (0)**

1. Corporation Name

GUARDIAN DOGS INC.

Principal Place of Business
ROUTE 3 BOX 176
ALACHUA FL 32615

Mailing Address
ROUTE 3 BOX 176
ALACHUA FL 32615

3. Date Incorporated or Qualified	3a. Date of Last Report
02/28/1994	05/01/1995

4. FEI Number: NOT APPLICABLE ☐ 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

2. Principal Place of Business
21 7409 N.W. 128 PLACE
Suite, Apt. #, etc
22 ALACHUA FL
City & State
23
Zip 24 32615 Country 25 ALACHUA

2a. Mailing Address
26 7409 N.W 128 PLACE
Suite, Apt. #, etc
27 ALACHUA FL
City & State
28
Zip 29 32615 Country 30 ALACHUA

9. Name and Address of Current Registered Agent

BLALACK, HAROLD R
ROUTE 3 BOX 176
ALACHUA FL 32615

ADDRESS CHANGE ONLY (SAME LOCATION)

10. Name and Address of New Registered Agent

81 Name HAROLD R BLALACK
82 Street Address (P.O. Box Number is Not Acceptable) 7409 NW 128 PLACE
83
84 City ALACHUA FL 85 Zip Code 32615

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BLALACK, HAROLD R	
STREET ADDRESS	RT 3 BOX 176	
CITY-ST-ZIP	ALACHUA FL	
TITLE	VP	☐ DELETE
NAME	BLALACK, EDITH M	
STREET ADDRESS	RT 3 BOX 1776	
CITY-ST-ZIP	ALACHUA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	7409 N.W. 128 PLACE	
1.4 CITY-ST-ZIP	ALACHUA FL 32615	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	7409 NW 128 PLACE	
2.4 CITY-ST-ZIP	Alachua FL 32615	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Harold R Blalack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

352-392-1156
Daytime Phone #