FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400041001**1. Corporation Name

COLKIM KENNELS, INC.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90028 037 ***150.00



Principal Place of Business Mailing Address							E INDIVIDES 1440 TAKIN STORY BOOKS COURS AND LANGUS CLOCK CLOCK SOURCE CLOCK C	
7518 CHURCHILL DOWNS ROAD			7518 CHURCHILL DOWNS ROAD					
SARASOTA FL 34241			SARASOTA FL 34241				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	
							06/01/1994	
2. Driving Discover Propings			2a Mailing Address				4. FEI Number Applied For	
2. Principal Place of Business			2a. Mailing Address				65-0494366 Not Applicable	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional	
22.			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing 55.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Zip Country			Zip Country				8. This corporation owes the current year Intangible	
24	25 29 30		30			Personal Property Tax.		
	9. Name and Address of Curren	t Regis	tered Agent				10. Name and Address of New Registered Agent	
001	DATE LAUDEL			1	81	Name	e	
COLGATE, LAUREL			•		82	Street A	ddress (P.O. Box Number is Not Acceptable)	
7518 CHURCHILL DOWNS ROAD SARASOTA FL 34241								
SAN	4501A FL 34241				83			
				Ì	84	City	FL 85 Zip Code	
44 5		<u> </u>	07.4500 Ft Ct-tt-	- 15			ad corporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State	of Florid	da. Such change was au	thorized	by 1	the corpo	rporation's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligat	tions of,	, Section 607.0505, Flori	ida Statu	ites.			
SIGNATURE	Signature, typed or printed name of registered agen		Manufacture (A)OTE:	Desistand	Aanat	t niamat wa re	re required when reinstating) DATE	
12.	Signature, typed or printed name or registered ager OFFICERS AN			13.	vfaui	t signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVS		☐ DELETE	1.1 TIT	LE		☐ Change ☐ Addition	
NAME	COLGATE, LAUREL			1.2 NAME				
STREET ADDRESS			1.3 STF	REET	ADDRESS	ss		
CITY-ST-ZIP	SARASOTA FL		1.4 C		Y-ST	-ZIP		
TITLE	T		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	COLGATE, LAUREL			2.2 NAME		1		
STREET ADDRESS			2.3 STI	2.3 STREET ADDRESS		az		
CITY-ST-ZIP	SARASOTA FL			2.4 CI	TY-S	T-ZIP		
TITLE			☐ DELETE	3.1 111	LE		Change Addition	
NAME				3.2 NA	ME			
STREET ADDRESS				3.3 ST	REET	ADDRESS	ss	
CITY-ST-ZIP				3.4. CF	TY-\$1	T-ZiP		
TILE			☐ DELETE	4.1 TIT	LΕ		☐ Change ☐ Addition	
NAME	,		4. 2 NA	ME	Ī			
STREET ADDRESS		•		4 3 STI	REET	ADDRESS	58	
CITY-ST-ZIP				4.4 CIT		r-ZIP		
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME				5.2 NA				
STREET ADDRESS						ADDRESS	SS	
CITY-ST-ZIP				5.4 CIT		T-ZIP		
TITLE			☐ DELETE	6.1 TIT			☐ Change ☐ Addition	
NAME				6.2 NA				
STREET ADDRESS				6.3 STI	KEET	ADDRESS	25	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: