

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. [unclear]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA4000048366**

1. Corporation Name: **THE KENNEL Shop, Inc.**
Principal Place of Business: **3618 SAINT Johns Aop JACKSONVILLE, FL 32205**
Mailing Address: **3618 SAINT Johns JACKSONVILLE 71 32205**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date incorporated or Qualified: **JUNE 9 1994**
3a. Date of Last Report: **1995**
4. FID Number: **59-3247611**
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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: **MADISON M WEEKS - AS**
82 Street Address (P.O. Box Number is Not Acceptable): **4853 JULINGTON CREEK RD**
83 City: **JACKSONVILLE**
84 State: **FL** 85 Zip Code: **32258**

11. Pursuant to the provisions of Sections 607.032 and 607.1502, Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I, the undersigned, am a duly authorized officer or director of the corporation and I hereby consent the above named as registered agent. I am SIGNATURE: **MADISON M WEEKS** 3-30-96 **MADISON M WEEKS** 3-15-96

12. OFFICERS AND DIRECTORS
TITLE: **PRESIDENT** [] DELETE
NAME: **MADISON M WEEKS**
STREET ADDRESS: **4853 JULINGTON CREEK RD**
CITY, ST, ZIP: **JACKSONVILLE 71 32258**
TITLE: **VICE PRESIDENT** [] DELETE
NAME: **HUBERT M. THOMAS**
STREET ADDRESS: **4853 JULINGTON CREEK RD**
CITY, ST, ZIP: **JACKSONVILLE, 71 32258**
[] DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
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*****280.00**

14. I do hereby certify that the information supplied with this filing is voluntary, true, correct and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement or amendment is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trustee or trustee-empowered trustee of the corporation as reported 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 this address.
SIGNATURE: **MADISON M WEEKS Pres. MADISON M WEEKS 3/15/96 904-384-2486**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)