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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048366 (6)

THE KENNEL SHOP INC.

Principal Place of Business

Mailing Address

3618 ST JOHNS AVENUE JACKSONVILLE FL 32205

3618 ST JOHNS AVENUE

## **FILED** Apr 22 1998 8:00am Secretary of State



JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1994 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3247611 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 🔀 Yes □ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEEKS, MADISON M 81 Name 3618 ST JOHNS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32205 83 84 City Zip Code 85 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 Signature, typed or proled name of register chagent as districtly applicable (NOTE: Rogistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change 1.1 DILE Addition WEEKS, MADISON M NAME 1.2 NAME 4853 JULINGTON CREEK RD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 14 CITY-ST-ZIP ۷Þ DELETE TITLE 2.1 TITLE ☐ Change ■ Addition THOMAS, HUBERT M NAME 2.2 NAME 4853 JULINGTON CREEK RD STREET ADDRESS 23 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 2. 4 CITY-\$1-2iP DELETE TITLE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7iP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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