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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000048525 (7)

THE GROOMING SHOP, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



102 STATE ROAD 13 JACKSONVILLE FL 32259		102 STATE ROAD 13 JACKSONVILLE FL 32259	102 STATE ROAD 13 JACKSONVILLE FL 32259-2896					
					3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report 05/21/1996		
	ace of Bus r	2a. Mailing Address			4. FEI Number	1 -/-		Applied For
21 445 8			<u>Rd. 1</u>	5	59-3292037			Not Applicable
Suite. Apt. (#. etc 8	Suite, Apt, #, etc.			5. Certificate of Status Desired			Additional Required
City & State	FC.	City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
24 3 2 25°	Country 25	^{Zip} 32ょらら	Countr 30	У		Yes 🗆] No	s. 199.032,
ļ	9. Name and Address of Curr	rent Registered Agent		Linia	10. Name and Address of New Reg	pistered A	gent	
MITCHELL, JILL				81 Name				
102 STATE RD 13 Jacksonville FL 32259			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
			83			•		
			84	City	,	FL	85 Zi	p Code
SIGNATURE	Situration, typedy Wiled name of registered	agont and title if appricable. (NOT	E: Registered Ag		poration submits this statement for the pation's board of directors. I hereby acceptively acceptively with the presentation of the patients of the patients and the patients are substituted when reinstating).	DATE	17_	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DPST	☐ DELETE	11 TITLE			I	Change	Addition
NAMI:	MITCHELL, JILL 102 STATE ROAD 13		1.2 NAME					
STREET ADDRESS CITY-ST-76*	JACKSONVILLE FL		1.4 DITY-	T ADDRESS				
TITLE		DELETE	2.1 TITLE	21 - ZIF			Change	Addition
NAME			22 NAME			•	•	
STREET ADDRESS			2 3 STREE	T ADDRESS				
CHY-S1-ZiP			2 4 City	ST-ZIP				
TILLE		☐ DELETE	3.1 TITLE			ŀ	Change	Addition
NAME STREET ADORESS			3.2 NAME	T ADDRESS				
CITY-S1-70			3.4. CITY-					
UILE		DELETE	4.1 TITLE	<u> </u>			Change	Addition
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CDY St 20°		T nci cre	4.4 CITY -	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Channe	
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STREET ADORESS			5.2 NAME 5.3 STREE	T ADDRESS				•
CITY ST ZIF			5.3 STALE					
THLE		DELETE	6.1 TITLE	E11			Change	Addition
NAME			6.2 NAME	.	700000215	792	27	
STREET ADDRESS			6.3 STREE	T ADDRESS	70000215 -04/29/970104 ***165.00	12UZ	Ď.	
CiTY+ST-ZIP			6.4 CITY -	ST-ZIP	****100.UU	1 2 2		

4. I do 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 of 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:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-14-97

904-287-3736