SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000053265 (2)**

1. Corporation Name
DOG HANDLERS, INC.

Principal Place of Business	Mailing Address
13300 SW 108 PL MIAMI FL 33176	13300 SW 108 PL MIAMI FL 33176

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 58 N.W. Lakeview Dr.
22: Suite, Apt #, etc
23: City & State: Ocala, Florida
24: Zip: 34482
25: Country

2a. Mailing Address
26: 58 N.W. Lakeview Dr.
27: Suite, Apt #, etc: Ocala, Florida
28: City & State
29: Zip: 34482
30: Country: U.S.A.

4. FEI Number: 65-0502999 ☐ 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

9. Name and Address of Current Registered Agent

SCHREIBER, GERHARDT A
890 S DIXIE HWY
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: Wayne L. Custis
82 Street Address (P.O. Box Number is Not Acceptable): 58 N.W. Lakeview Drive
83:
84 City: Ocala **FL** 85 Zip Code: 34482

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: Wayne L. Custis Wayne L. Custis - President 8/3/96
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	CUSTIS, WAYNE L		12 NAME		
STREET ADDRESS	13300 SW 108TH PL		13 STREET ADDRESS	58 N.W. Lakeview Dr.	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	Ocala, Fl. 34482	
TITLE	ST	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	CUSTIS, EMELDA		22 NAME		
STREET ADDRESS	13300 SW 108TH PL		23 STREET ADDRESS	58 N.W. Lakeview Dr.	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	Ocala, Fl. 34482	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne L. Custis Wayne L. Custis President 8/3/96 873-6088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #