

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MURPHY
GOVERNOR

APPROVED
FILED

DOCUMENT # **P94000093447 (8)**

9 MAY 1995 AM 9:57

PERFECT PETS OF LAKE LAND, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4525 S FLORIDA AVE
SUITE 27
LAKE LAND FL 33813

4525 S FLORIDA AVE
SUITE 27
LAKE LAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified	3a. Date of Last Report
12/28/1994	
4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Certificate of Good Standing Desired	☐ \$5.00 May Be Added to Fees
8. This corporation has liability for information under 5-201.03 Florida Statutes ☒ Yes ☐ No	

2. Principal Office or Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

AVILA, SANDRA
4525 S FLORIDA AVE
SUITE 27
LAKE LAND FL 33813

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.04(3) of the 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 607.04(3) of the Florida Statutes.

SIGNATURE

Signature of Agent or person filing this report on their behalf

Signature of Registered Agent or person filing this report

DATE

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	D AVILA, SANDRA L 1805 DANA CT BRANDON FL 33510	1 NAME	☐ Change ☐ Add/Remove
STREET ADDRESS		2 NAME	☐ Change ☐ Add/Remove
CITY		3 NAME	☐ Change ☐ Add/Remove
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STREET ADDRESS		100 NAME	☐ Change ☐ Add/Remove

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the corporation stated in Sections 607.04(2) and 607.04(3) of the Florida Statutes. I further certify that the information submitted 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 person or persons empowered to execute this report or required by Chapter 607 of the Florida Statutes, and that my name is registered in Block 12 or Block 13 of the report or in an affidavit filed with this report.

SIGNATURE: *Sandra L. Avila*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDRA L. AVILA

4-10-95 813-646-2023