

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059872 (8)

1. Corporation Name

KD'S PAWS-N-CLAWS PET RESORT, INC.



Principal Place of Business

5381 JACKSON ROAD
FT MYERS FL 33905

Mailing Address

5381 JACKSON ROAD
FT MYERS FL 33905

3. Date Incorporated or Qualified
08/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

4. FEI Number

65-0622817

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

~~WOLFE, LARRY~~
~~200-A JOHN KNOX ROAD~~
~~TALLAHASSEE FL 32303-0043~~

81 Name

DEE A. Nichols

82

Street Address (P.O. Box Number is Not Acceptable)

5381 Jackson Rd.

83

84 City

FL Myers

FL

85 Zip Code

33905

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/7/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME NICHOLS, DEE A
STREET ADDRESS 5381 JACKSON ROAD
CITY-ST-ZIP FT MYERS FL 33905

TITLE D ☒ DELETE
NAME NICHOLS, CATHERINE
STREET ADDRESS 5381 JACKSON ROAD
CITY-ST-ZIP FT MYERS FL 33905

TITLE D ☐ DELETE
NAME NICHOLS, KERRY S
STREET ADDRESS 5381 JACKSON ROAD
CITY-ST-ZIP FT MYERS FL 33905

TITLE D ☐ DELETE
NAME NICHOLS, JONATHAN M
STREET ADDRESS 5381 JACKSON ROAD
CITY-ST-ZIP FT MYERS FL 33905

TITLE D ☐ DELETE
NAME SULLIVAN, MICHELLE A
STREET ADDRESS 5381 JACKSON ROAD
CITY-ST-ZIP FT MYERS FL 33905

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

(941) 267-3133

CR2E034 (12/95)