

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000069001 (2)**

1. Corporation Name
TLC PETS, INC.



Principal Place of Business 20419 E PENNSYLVANIA AVE DUNNELLON FL 34432	Mailing Address 21983 SW 88 LN DUNNELLON FL 34431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20419 E. PENNSYLVANIA AVE Suite, Apt. #, etc.		2a. Mailing Address 26 21983 SW 88 LN Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/05/1995	
22 City & State 23 DUNNELLON FL.		27 City & State 28 DUNNELLON FL.		4. FEI Number 59-3355533 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
24 Zip 34432 Country U.S.		29 Zip 34431 Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MISTKOWSKI, JOAN C
21983 SW 88TH LN
DUNNELLON FL 34431**

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 607.0502 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 **Joan C. Mistkowski** *Joan C. Mistkowski* **4/28/98**
Signature, typed or printed name of registered agent and title, if applicable. (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISTKOWSKI, JOAN C	1.2 NAME	
STREET ADDRESS	21983 S.W. 88 LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34431	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISTKOWSKI, ALEXANDER C	2.2 NAME	
STREET ADDRESS	21983 S.W. 88 LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34431	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURD, STEVEN	3.2 NAME	
STREET ADDRESS	8320 SW 202 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, SUEANN	4.2 NAME	
STREET ADDRESS	8320 SW 202 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 *Joan C. Mistkowski* **4/28/98** (352) 489-9959

CR2E034 (10/97)