

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # **P95000081111 (3)**

1. Corporation Name
CAPY KENNELS, INC.

Principal Place of Business

**5019 AVE AVIGNON
LUTZ FL 33549**

Mailing Address

**5019 AVE AVIGNON
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1995

4. FEI Number

59-3345961

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 18724 WIMBLEDON CIRCLE

2a. Mailing Address

26 18724 Wimbledon Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LUTZ FLORIDA

City & State

28 Lutz FL

Zip

24 33549

Country

25 Hillsboro

Zip

29 33549

Country

30 Hillsboro

9. Name and Address of Current Registered Agent

**CAPELLO, GREG
5019 AVENUE AVIGNON
LUTZ FL 33549**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/15/98

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE

NAME **CAPELLO, GREG**
STREET ADDRESS **5019 AVE AVIGNON**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ DELETE

NAME **CAPELLO, GREG**
STREET ADDRESS **5019 AVE AVIGNON**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **V** ☐ DELETE

NAME **Kristin Notte**
STREET ADDRESS **18724 Wimbledon Circle**
CITY-ST-ZIP **Lutz, FL 33549**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **18724 Wimbledon Circle**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **18724 Wimbledon Circle**
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 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 in an attachment with an address.

SIGNATURE:

Greg Capello

8-15-98 813-573-8046

CR2E034 (5/98)