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 # **P95000081516 (3)**

1. Corporation Name

DREAMA PET, INC.

Principal Place of Business

5215 PHILLIPS HIGHWAY
SUITE 1
JACKSONVILLE FL 32207

Mailing Address

5215 PHILLIPS HIGHWAY
SUITE 1
JACKSONVILLE FL 32207

2. Principal Place of Business	2a. Mailing Address
21	26 362 RIDGE DR
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28 NAPLES FL
Zip / Country 24 / 25	Zip / Country 29 33963 / 30 COLLIER

3. Date Incorporated or Qualified: **10/20/1995**

3a. Date of Last Report:

4. FEI Number: 65-0636309 ☐ 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

JONES, DEANA R
362 RIDGE DRIVE
NAPLES FL 33963

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: Deana R Jones DEANA R JONES 5-24-96
(Signature of New Registered Agent) (Name of New Registered Agent, Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	JONES, DEANA R		1.2 NAME	JONES, DEANA R	
STREET ADDRESS	5215 PHILLIPS HIGHWAY, SUITE 1		1.3 STREET ADDRESS	362 RIDGE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	NAPLES, FL 33963	
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	JONES, CROCKETT		2.2 NAME	JONES, CROCKETT	
STREET ADDRESS	5215 PHILLIPS HIGHWAY, SUITE 1		2.3 STREET ADDRESS	362 RIDGE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	NAPLES, FL 33963	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Deana R Jones DEANA R JONES 5/24/96 9415989054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)