

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000088889 (7)**

1. Corporation Name

C-NO PET FENCE, INC.



Principal Place of Business

Mailing Address

2316 JACKSON AVENUE
BUILDING A
NAPLES FL 33962

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BUILDING A
NAPLES FL 33962

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

NONE

2. Principal Place of Business

21 **622 NE 15TH CT.**

22 Suite, Apt. #, etc

23 City & State

Cape Coral, Florida

24 Zip

33909

25 Country

Lee

2a. Mailing Address

26 **P.O. Box 151658**

27 Suite, Apt. #, etc

28 City & State

Cape Coral, Florida

29 Zip

33915

30 Country

Lee

4. FEI Number

650645349

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

**SULLIVAN, CHRISTOPHER J
2316 JACKSON AVENUE
BUILDING A
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name **Sullivan CHRISTOPHER J.**
82 Street Address (P.O. Box Number is Not Acceptable)
622 NE 15TH CT.
83
84 City **Cape Coral, Florida** FL 85 Zip Code **33909**

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 type - For principal name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	SULLIVAN, CHRISTOPHER J	2316 JACKSON AVENUE, BUILDING A	NAPLES FL 33962	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
	CHRISTOPHER SULLIVAN	622 NE 15TH CT.	CAPE CORAL, FL 33909	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	Change	Addition
✓	SULLIVAN, EDWARD W.	2700 KINGSTON DRIVE	ISLAND LAKE, FL 33909	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	Change	Addition
T-S	SULLIVAN, WENDY R.	2700 KINGSTON DRIVE	ISLAND LAKE, FL 33909	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: **Wendy R. Sullivan** WENDY R. SULLIVAN 8/5/96 941-772-9669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)