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 # **P95000094256 (1)**

1. Corporation Name
NATIONAL PETLOVERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 2669 HIGH SPRINGS FL 32643	P O BOX 2669 HIGH SPRINGS FL 32643

3. Date Incorporated or Qualified: 12/11/1995
3a. Date of Last Report: NA

2. Principal Place of Business
21 2246 NW 40th TERRACE
Suite, Apt. #, etc: 22 SUITE B
City & State: 23 GAINESVILLE FL
Zip: 24 32606 Country: 25 US

2a. Mailing Address
26 2246 NW 40th TERRACE
Suite, Apt. #, etc: 27 SUITE C
City & State: 28 GAINESVILLE FL
Zip: 29 32606 Country: 30 US

4. FEI Number: 59-3343578 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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 [X] No

9. Name and Address of Current Registered Agent
SANDERS, DAVID M
RT 1, BOX 1335
FT WHITE FL 32038

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 _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P.D.T	[X] Change [ ] Addition
1.2 NAME	DAVID M. SANDERS	
1.3 STREET ADDRESS	RT 1, BOX 1335	
1.4 CITY-ST-ZIP	FT. WHITE, FL 32038	
2.1 TITLE	V.D	[X] Change [ ] Addition
2.2 NAME	LONNIE K. LOCKETT	
2.3 STREET ADDRESS	1315 SE CHERRY ST	
2.4 CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
3.1 TITLE	S	[X] Change [ ] Addition
3.2 NAME	CAROL SANDERS	
3.3 STREET ADDRESS	RT 1, BOX 1335	
3.4 CITY-ST-ZIP	FT. WHITE, FL 32038	
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		

CR2E034 (3/96)

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: _____ 6/19/96 (352) 336-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID M. SANDERS, PRESIDENT