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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 30 1997 8:00am

Secretary of State

DOCUMENT # P9600001774 (4)

SONSHINE PETS, INC.

Principal Place of Business Mailing Address						FB##1 0 P#\$1 #1011 (8 B)  30 B)  0 (8 i 3 b f)
3232 GULF BREEZE PARKWAY GULF BREEZE FL 32561		3232 GULF BREEZE PARKWAY GULF BREEZE FL 32561-3350				
					3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4, FEI Number 59-335318	Applied For	
Sulte. Apt. #. etc.		26		24 223 2 2 4 8	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	<b>├──┐</b>		Count	ry	8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30		30	Florida Statules 🔀 Yes 🗌 No		
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
NEWCOMBE, FREDERICK J			8	81 Name		
	2 Gulf Breeze Parkway F Breeze FL 32561		8	2 Street Add	ddress (P.O. Bux Number is Not Acceptable)	
GOL	r breeze fl 32301		8:	3		
			8	4 City		85 Zip Code
		·				FL
11. Pursuant to office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida, Such change was	les, the abo authorized b	ve-named cor by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
agent. I ai	m tamiliar with, and accept the oblig	pations of, Section 607,0505, Fi	lorida Statut	es.		-
SIGNATURE	Signature, typed or printed name of registered ag	jent and title it applicable (NO	H: Registered A	gon; signatura regu	uited when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PĎ	☐ DELETE	1.1 TITLE			Change Addition
NAME	NEWCOMBE, FREDERICK J		1.2 NAME			
STREET ADDRESS	551 SO. 1ST STREET	1.3 S		ET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		1.4 CRY+S1-ZIP			
TITLE	STD DELETE		2.1 TITLE			Change Addition
NAME	NEWCOMBE, BRENDA K		2.2 NAME			
STREET ADDRESS	551 SO. 1ST STREET		2.3 STRC	ET ADDRESS	•	
CITY-ST-ZIP	PENSACOLA FL 32507		2 4 CITY	-ST-ZIP		
TITLE	☐ DELCTÉ		3 1 THILE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREE	ET ADDRESS		
CITY-ST-ZIP			34. CITY	- S1 - ZIP		
TITLE		☐ DETETE	4 1 TITLE			Change Addition
NAME			4 2 NAME			•
STREET ADDRESS			4 3 STREE	ET ADDRESS		
CITY-ST-ZIP			4.4 CHY-		Property to the Control of the Section of the Secti	
TITLE		☐ DEFE1E	517011			Change Addition
NAME			52 NAME			
STREET ADDRESS			5.9 STREE	F1 ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	611111.6			Change Addition
NAME			6.2 NAME		•	
STREET ADDRESS			6.9 S1RE	1 ADDRESS		

CNATURE: A Reduce T MANIAN 4/23/67 Garages - 214

14. I do 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 am an officer or director of the graporation or the receiver or trustoe empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name