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

FILED Jun 13 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 796000043789 DOCUMENT # Our Dogs, Inc. Principal Place of Business 5.R. 415 Mailing Address 758 North S.R. 415 Osteen FL 32764 Osteen Florida 32764 3a. Date of Last Report Principal Place of Business R 45 28. Mailing Address 26. 758 North SR 415 Applied For Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional  $\Box$  Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Yes Florida Statutes No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name James A. Fowler, Esquire 28 West Central Blud. 82 Street Address (P.O. Box Number is Not Acceptable) 83 Orlando, Florida 32801 City 84 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 (NOTE Registered Agent signature required when re-installing) Signature, typod or prinled name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change ☐ Addition 1 1 TITLE TITLE President lean Britlain 1 2 NAME NAME Constance SR 415 1.3 STREET ADDRESS STREET ADDRESS Florida 32764 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE om Treasurer 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 1 ITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C(TY - ST - 7)P CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP 000002214090 DELETÉ Addition 5 1 THUE TITLE 5.2 NAME NAME -06/17/97--01008--029 5.3 STREET ADDRESS STREET ADDRESS \*\*\*165.00 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

14. Ido 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 eath; 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. Constance Lean Brittain 5/1/97 407-330-1331 SIGNATURE:

STREET ADDRESS

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP