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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088986

1. Corporation Name

MAN'S BEST FRIEND BOARDING KENNEL, INC.

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90008 002 ***150.00



Principal Place of Business Mailing Address							1 1001100) II P 10110 01111 03111 60111 00111	(8) (8)(8) (8)(8) (8)	19112 5111 1251	
2565 HAINES BAYSHORE ROAD CLEARWATER FL 34620 CLEARWATER FL 34620 CLEARWATER FL 34620				ND			DO NOT WRITE IN TH	IIS SPACE		
						3	Date Incorporated or Qualifed 10/28/1996			
Principal Place of Business Za. Mailing Address						4	FEI Number	Ap	plied For	
21							<u>59-3397321</u>	No.	t Applicable	
Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.					5	Certificate of Status Desired	\$8.75 / Fee Re		
City & State City & State					6	, Election Campaign Financing Trust Fund Contribution	\$5.00 Added	-		
Zip 🚗 🚓	Country	Zip 📆	2016-	Countr	у	8	. This corporation owes the current year		_	
24 _ うう	/6U 25	29 0	J/60/30)			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	t Registered Age	nt		_	10	. Name and Address of New Register	ed Agent		
				8	1 Name					
LUKEFAHR, STEPHEN 2565 HAINES BAYSHORE ROAD			R	82 Street A		P.O. Box Number is Not Acceptable)				
			٦	Succes	Address (r. O. Box Number is Not Acceptable)					
CLEA	ARWATER FL 34620			8	3					
				L	1				3/12)
				8	4 City		F	L 85 3	*760	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such cl	hange was auth	orized b	y the corpo	corporation s b	on submits this statement for the purpose located of directors. I hereby accept the ap-	of changing its pointment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Re	gistered Ag	ent signature re	required when	reinstating) DATE		 .	
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	3
TITLE	D		DELETE	1.1 TITLE			•	Change	Addition	;
NAME	LUKEFAHR, STEPHEN			1.2 NAME	: 1					;
STREET ADDRESS	SECT LIAMED DAYOUDE DOAD			1.3 STRE	ET ADDRESS					í
CITY-ST-ZIP	CLEARWATER FL 34620			1.4 C/TY-	ST-ZIP				}	2
TITLE	D DELETE		2.1 TITLE		<u> </u>		☐ Change	Addition	(
NAME	LUKEFAHR. MARIA			2.2 NAME	.				ţ	
STREET ADDRESS	STOP HANGO BAYOLODE DD			2.3 STRF	ET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL			•	2.4 CITY-ST-ZIP					
TITLE			DELETE	3.1 TITLE		l		Change	☐ Addition	
NAME				3.2 NAME	:					
STREET ADDRESS				ŀ	ET ADDRESS	\ 	•		1	
				0.4.0004	OT 710	1	•			

CITY-ST-ZIP 14. I 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 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 attachagent with an address, with an other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

64 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

Change

☐ Change

☐ Change

Addition

Addition

☐ Addition