


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

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Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000093327 (0)</b>					
1. Corporation Name <b>PEACE RIVER PET SUPPLY, INC.</b>					
Principal Place of Business <b>C/O 1500 COLONIAL BLVD. SUITE 103 FORT MYERS FL 33907</b>			Mailing Address <b>C/O 1500 COLONIAL BLVD. SUITE 103 FORT MYERS FL 33907</b>		
2. Principal Place of Business 21 <b>2686 TAMiami TRAIL</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2686 TAMiami TRAIL</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/14/1996</b>	
22 City & State 23 <b>Port Charlotte FL</b> Zip Country 24 <b>33952</b> 25 <b>USA</b>		27 City & State 28 <b>Port Charlotte, FL</b> Zip Country 29 <b>33952</b> 30 <b>USA</b>		3b. Date of Last Report <b>11/14/1996</b>	
2. Principal Place of Business 21 <b>2686 TAMiami TRAIL</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2686 TAMiami TRAIL</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0712723</b>	
22 City & State 23 <b>Port Charlotte FL</b> Zip Country 24 <b>33952</b> 25 <b>USA</b>		27 City & State 28 <b>Port Charlotte, FL</b> Zip Country 29 <b>33952</b> 30 <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 <b>2686 TAMiami TRAIL</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2686 TAMiami TRAIL</b> Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State 23 <b>Port Charlotte FL</b> Zip Country 24 <b>33952</b> 25 <b>USA</b>		27 City & State 28 <b>Port Charlotte, FL</b> Zip Country 29 <b>33952</b> 30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
2. Principal Place of Business 21 <b>2686 TAMiami TRAIL</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2686 TAMiami TRAIL</b> Suite, Apt. #, etc.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MILLIGAN, JOHN P JR. 1500 COLONIAL BLVD. SUITE 103 FORT MYERS FL 33907</b>			10. Name and Address of New Registered Agent 81 Name <b>Larry Quattrini</b> 82 Street Address (P.O. Box Number Is Not Acceptable) <b>2686 TAMiami TRAIL</b> 83 84 City <b>Port Charlotte</b> FL 85 Zip Code <b>33952</b>		
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 <b>L. Quattrini</b> DATE <b>Mar. 11/97</b> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE <b>D</b> NAME <b>QUATTRINI, LARRY</b> STREET ADDRESS <b>2 ELGIN STREET</b> CITY-ST-ZIP <b>ST. CATHERINES, ONTARIO CAN. L2N5G-3</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Larry Quattrini</b> 1.3 STREET ADDRESS <b>2686 TAMiami TRAIL</b> 1.4 CITY-ST-ZIP <b>Port Charlotte FL 33952</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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 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 or on an attachment with an address. SIGNATURE: <b>L. Quattrini</b> DATE <b>Mar. 17/97</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)