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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031674 (9)

1. Corporation Name

PET PROS, INC.

Principal Place of Business

1263 SUGAR MAPLE WAY
ROCKLEDGE FL 32955

Mailing Address

1263 SUGAR MAPLE WAY
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

59-8472954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 212 BARTON BLVD.

23 City & State
ROCKLEDGE, FLORIDA

24 Zip
32955

25 Country
FLORIDA

2a. Mailing Address

26 212 BARTON BLVD.

27 Suite, Apt. #, etc.
ROCKLEDGE

28 City & State
FLORIDA

29 Zip
32955

30 Country
FLORIDA

9. Name and Address of Current Registered Agent

DAHLSTROM, DONALD E
1263 SUGAR MAPLE WAY
ROCKLEDGE FL 32955

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LAUFENBERG, KEITH
STREET ADDRESS 896 PINE BAUGH
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VD ☐ DELETE

NAME DAHLSTROM, KRISTINE
STREET ADDRESS 1341 ESTRIDGE DR
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE SD ☐ DELETE

NAME DAHLSTROM, KENNETH
STREET ADDRESS 1032 WILLA LAKE CIR
CITY-ST-ZIP OVIEDO FL 32765

TITLE TD ☐ DELETE

NAME DAHLSTROM, DONALD E
STREET ADDRESS 1263 SUGAR MAPLE WAY
CITY-ST-ZIP ROCKLEDGE FL 32955

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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 attachment with an address.

SIGNATURE

Donald E Dahlstrom

CR2E034 (10/97)