

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

FILED
May 06 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P97000041072 (4)**

1. Corporation Name

PHIL'S PET CENTER, INC.



Principal Place of Business

**10903 U.S. HIGHWAY 441
BELLEVUE FL 34420**

Mailing Address

**10903 U.S. HIGHWAY 441
BELLEVUE FL 34420**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

59-386533

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 10903 US Hwy 441

2a. Mailing Address

26 PO BOX 2768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Bellevue, FL

City & State

28 BELLEVUE, FL

Zip

24 34420

Country

25 USA

Zip

29 34421-2768

Country

30 USA

9. Name and Address of Current Registered Agent

**MILLER, PHILIP E
10903 U.S. HIGHWAY 441
BELLEVUE FL 34420**

10. Name and Address of New Registered Agent

81 Name

MILLER, PHILIP E.

82 Street Address (P.O. Box Number is Not Acceptable)

8425 SW 3RD CT.

83

84 City

Ocala

FL

85 Zip Code

34476

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 ☐ DELETE

**PRESIDENT
NAME PHILIP E. MILLER
STREET ADDRESS 8425 SW 3RD CT
CITY-ST-ZIP Ocala, FL 34476**

TITLE ☐ DELETE

**VICE PRESIDENT
NAME ROBERT M. MATHEWS
STREET ADDRESS 11895 E BLUE COVE DR
CITY-ST-ZIP Dunellon, FL 34432**

TITLE ☐ DELETE

**SECRETARY
NAME PHILIP E. MILLER
STREET ADDRESS 8425 SW 3RD CT
CITY-ST-ZIP Ocala, FL 34476**

TITLE ☐ DELETE

**TREASURER
NAME ROBERT M. MATHEWS
STREET ADDRESS 11895 E. BLUE COVE DR.
CITY-ST-ZIP Dunellon, FL 34432**

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

Philip E. Miller

4/28/98

347-2206

CR2E034 (10/97)