## 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 # P9700063666

1. Corporation Name

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90003 011 \*\*\*150.00

JAN'S G	ROOMING & PET SUPPLIE	ES INC.						
Principal Place	e of Business	Mailing Address			I (ÉQUEAT IND LEAT INDU DOUT DAIS)	Barri Bèrra birsa	Ithia altha a	(118 B) († 188)
2316 CRILL AVE. 2316 CRILL AVE.								
PALATKA FL 32177 PALATKA FL 32177					DO NOT WRITI	TIM THIS SO	ACE.	
				,	3. Date Incorporated or Qualified	E IN THIS SPA	4CE	
					07/22/1997			
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number		T Ann	olied For
<u> </u>	iace of Business	<del></del>			59-3461030			Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					8.75 A	
22					5. Certifcate of Status Desired	· ·	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	·	8. This corporation owes the curre		ible	. ,
24	25	29	30		Personal Property Tax.			No
	9. Name and Address of Curre	ant Registered Agent			10. Name and Address of New Re	gistered Age	ent	
5	O HAROARET		81	Name				
DAVIS, MARGARET 2316 CRILL AVE.			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
l '								
PAL	ATKA FL 32177		. 83					
}			84	City		8	5 Zip C	ode
						FL  °		
11. Pursuant	to the provisions of Sections 607.05	302 and 607.1508, Florida Statute	s, the above	e-named corpo	oration submits this statement for the p	urpose oi ciia	nging its i	registered
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	gations of, Section 607.0305, Fior	iua Statutes	•			ent as reg	registered pistered
agent. I a SIGNATURE	m ramiliar with, and accept the oblig	gent and title if applicable. (NOTE:	Registered Ager	e-named corporations.  It is a signature required the corporations.	d when reinstating)	DATE		
agent. I a SIGNATURE 12.	m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A	gent and title if applicable. (NOTE:	Registered Ager	•		DATE ICERS AND D		
agent.   a SIGNATURE 12.	Signature, typed or printed name of registered as  OFFICERS A	gent and title if applicable. (NOTE:	Registered Ager	•	d when reinstating)	DATE ICERS AND D	DIRECTO	RS IN 12
agent. I a SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A D DAVIS, MARGARET	gent and title if applicable. (NOTE:	Registered Ager  13.  1.1 TITLE  1.2 NAME	nt signature required	d when reinstating)	DATE ICERS AND D	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A D DAVIS, MARGARET 2316 CRILL AVE.	gent and title if applicable. (NOTE:	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature required	d when reinstating)	DATE ICERS AND D	DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A D DAVIS, MARGARET	gent and title if applicable. (NOTE:	Registered Ager  13.  1.1 TITLE  1.2 NAME	nt signature required	d when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A D DAVIS, MARGARET 2316 CRILL AVE.	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature required	d when reinstating)	DATE	DIRECTO:	RS IN 12
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A D DAVIS, MARGARET 2316 CRILL AVE.	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature required	d when reinstating)	DATE	DIRECTO:	RS IN 12
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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, with all other like empowered.

SIGNATURE: Marginet David REGNARGACET