

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000062229

1. Corporation Name

MERRYFIELD KENNELS OF TAFT ST., INC.

Principal Place of Business  
5040 N.E. 13TH AVE.  
FT. LAUDERDALE FL 33334Mailing Address  
5040 N.E. 13TH AVE.  
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

29

Country

4. FEI Number

05 0848833

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOCKTOR, GREGG  
5040 N.E. 13TH AVE.  
FT. LAUDERDALE FL 33334

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 ☐ DELETENAME: PAGES  
GREGG DOCKTOR  
STREET ADDRESS: 4449 NW 82 RD  
CITY-ST-ZIP: CORAL SPRINGS, FL 33067TITLE ☐ DELETENAME: U.P.  
LLOYD DOCKTOR  
STREET ADDRESS: 6157 NW 63 WAY  
CITY-ST-ZIP: PINELAND FL 33067TITLE ☐ DELETENAME: [illegible]  
STREET ADDRESS: [illegible]  
CITY-ST-ZIP: [illegible]TITLE ☐ DELETENAME: [illegible]  
STREET ADDRESS: [illegible]  
CITY-ST-ZIP: [illegible]TITLE ☐ DELETENAME: [illegible]  
STREET ADDRESS: [illegible]  
CITY-ST-ZIP: [illegible]TITLE ☐ DELETENAME: [illegible]  
STREET ADDRESS: [illegible]  
CITY-ST-ZIP: [illegible]

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 118.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 28, 1999 8:00 am  
Secretary of State

01-28-1999 90050 018 \*\*\*150.00

CR2E034 (1/98)