

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90027 013 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000103661**

1. Corporation Name

**BATTENBERG KENNELS, INC.**

Principal Place of Business 306 WHITE OAK DRIVE ALTAMONTE SPRINGS FL 32701	Mailing Address 306 WHITE OAK DRIVE ALTAMONTE SPRINGS FL 32701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1998	
21		26		4. FEI Number 59-3549846	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORRISON, WILLIAM H 7100 SOUTH US HWY 17-92 FERN PARK FL 32730		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVANAUGH, LAURA A	1.2 NAME	Kavanaugh, Laura A.
STREET ADDRESS	306 WHITE OAK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAUGH, JOHN J	2.2 NAME	Kavanaugh, John J.
STREET ADDRESS	306 WHITE OAK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, JAMES J	3.2 NAME	
STREET ADDRESS	306 WHITE OAK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Secretary-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINVILLE, CAROL F	4.2 NAME	
STREET ADDRESS	306 WHITE OAK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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:

*Laura A. Kavanaugh*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED**  
 Signature and Typed or Printed Name of Signing Officer or Director

Date

5/19/99  
 407/834-5467

Daytime Phone #

CR2E034 (11/98)