ANNUAL	DENT DRATION REPORT			Mortham y of State			
OCUME Corporation Na	ENT # S23	453	(1)				
ANCHOR	PET CENTER, INC.	•					
rincipal Place of			ling Address			(64110)3 (10 11303 titil 81001 3110	19 HH 616H 616H 616H 916H 919H 918H H91
243 E. GRANADA BLYD. ORMOND BEACH FL 32176			243 E. GRANADA BLVD. ORMOND BEACH FL 32176			3. Date Incorporated or Qualified	3a. Date of Last Report 05/01/1995
Principal Place	of Business	2a.	Mailing Address			01/08/1991 4. FEI Number	Applied For
Suite, Apt. #, e	eta .	26	Suite, Apt. #, etc.			36-2879353 5. Certificate of Status Desired	Not Applicab
		27	City & State			Certificate of Status Desired B. Election Campaign Financing	Fee Required \$5.00 May Be
City & State		28]		 		Trust Fund Contribution	Added to Fees
Zιρ	Country 25	29	Zip	Countr 30	ý	1 TOTAL CALL	Yes No
9	9. Name and Address of	Current Registe	ered Agent	81	Name	10. Name and Address of New F	Registered Agent
SC0	ITT, ROBERT I.			82	Street Addr	ress (P.O. Box Number is Not Accepte	oble)
243	F (HANAIJA NI VIJ.				I SUBBLINGUI	233 (1:0: 23: 13: 13: 13: 13: 13: 13: 13: 13: 13: 1	auic)
	E. GRANADA BLVD. IOND BEACH FL 32176	;				200 (1.0. 200 10.10.	aue)
ORM	AOND BEACH FL 32176		7 1508, Florida Statu	83 84	City	and a second this statement for the	FL 85 Zip Code
ORM 1. Pursuant to toffice or regragent Tan fill BIGNATURE	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the position to the familiar with an accept the position to the familiar with a comparison to the compariso	507 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI	83 84 tes, the above authorized by orida Statute	City e-named corp y the corporati	ioration submits this statement for the on's board of directors. Thereby accessed when remalated: ADDITIONS/CHANGES TO OFF	PL 85 Zip Code purpose of changing its registered pt the appointment as registered OATE FICERS AND DIRECTORS IN 12
ORM 1. Pursuant to toffice or regragent Tam for SIGNATURE 2. RILE IAME	the provisions of Sections 6 stated agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR.	507 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI	83 86 87 88 88 88 88 88 88 88 88 88 88 88 88	City e-named corp y the corporati s gent s grature recar	ioration submits this statement for the on's board of directors. I hereby acce	FL 85 Zip Code purpose of changing its registered the appointment as registered
1. Pursuant to toffice or reginagent I am fisiGNATURE SigNATURE SigNATURE SigNATURE STREET ADDRESS CITY - ST - ZIP	the provisions of Scutious 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID	507 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI	83 84 Res. the above authorized by orida Statute 11. Register Are 12. NAME 12. NAME 14. CITY 2.1 THE 22. NAME 22. NAM	City e-named corp y the corporati s gent sgrature roda ET ADDRESS -S1-ZiP	ioration submits this statement for the on's board of directors. I hereby acce	PL 85 Zip Code purpose of changing its registered pt the appointment as registered OATE FICERS AND DIRECTORS IN 12
1. Pursuant to toffice or reginagent I am fisiGNATURE Signature 2. Intelliame Street Address Siry - ST - Zip Street Address Street Street Address Street Street Street Address Street St	the provisions of Scutious 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI	83 86 87 87 88 88 88 88 88 88 88 88 88 88 88	City e-named corp y the corporati s gent sgrature roda ET ADDRESS -S1-ZiP	ioration submits this statement for the on's board of directors. I hereby acce	PL BS Zip Code purpose of changing its registered DATE TOATE TOATE Change Addit Change Addit
ORM 1. Pursuant to toffice or reginagent I and fisignature Signature 2. Signature Signature Signature I and fisignature I and fisignatur	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. 200 N. HALIFAX DR.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI	83 86 87 87 88 88 88 88 88 88 88 88 88 88 88	City e-named corp y the corporati s erranged signature requir ET ADDRESS -S1-ZIP ET ADDRESS (-S1 ZIP)	ioration submits this statement for the on's board of directors. I hereby acce	PL 85 Zip Code purpose of changing its registered plate DATE FICERS AND DIRECTORS IN 12 Change Adda
ORM 1. Pursuant to toffice or regragent I am fisiGNATURE 2. INTE IAME STREET ADDRESS STRY-ST-ZIP THE VAME	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. 200 N. HALIFAX DR.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI	83 86 87 86 87 86 87 87 87 87 87 87 87 87 87 87 87 87 87	City e-named corp y the corporati s erranged signature requir ET ADDRESS -S1-ZIP ET ADDRESS (-S1 ZIP)	ioration submits this statement for the on's board of directors. I hereby acce	PL BS Zip Code purpose of changing its registered DATE TOATE TOATE Change Addit Change Addit
ORM Pursuant to toffice or regragent I am folicinature Signature Indicature Signature Indicature	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. 200 N. HALIFAX DR.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI APP - stb	83 86 87 86 87 87 87 87 87 87 87 87 87 87 87 87 87	City e-named corp y the corporati s enamed corp y the corporation s enamed	ioration submits this statement for the on's board of directors. I hereby acce	PL BS Zip Code purpose of changing its registered DATE TOATE TOATE Change Addit Change Addit
Pursuant to toffice or reginagent I am folignature Pursuant to toffic	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. 200 N. HALIFAX DR.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI	astes. The above authorized by orida Statute 13. 11 HILE 12 NAME 13 STRE 22 NAM 23 STRE 24 City 31 Title 32 NAM 33 STRE	City e-named corp y the corporati s end a spatial result end a	ioration submits this statement for the on's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered. DATE TOTAL TO
ORM Pursuant to to office or reginagent I am foliginature Property of the sum of the s	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. 200 N. HALIFAX DR.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI APP - stb	B3 R4 Registered Associated by original Statute 113. 11 HITE 12 NAME 13 STRE 14 CITY 21 HITE 22 NAM 23 STRE 24 CITY 31 TALE 32 NAM 33 STRE 34 CITY 41 HITE 42 NAM 4.3 STRE	City e-named corp y the corporati s end signature resor end signature	ioration submits this statement for the on's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered. DATE TOTAL TO
Pursuant to to office or reginagent. I am folignature sign. 2. The same trees address sity-st-zip street address sity-st-zip	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. 200 N. HALIFAX DR.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI APP - stb	B3 R4 Registered Associated by original Statute 113. 11 HITE 12 NAME 13 STRE 14 CITY 21 HITE 22 NAM 23 STRE 24 CITY 31 TALE 32 NAM 33 STRE 34 CITY 41 HITE 42 NAM 4.3 STRE	City e-named corp y the corporati s entragature result entragat	ioration submits this statement for the on's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered. DATE TOTAL TO
ORM I. Pursuant to to office or reginagent. I am foliginature: III III III III III III III III III I	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. 200 N. HALIFAX DR.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI APP	B3 B4 Registered Associated by original Statute 113. 11 HITE 12 NAME 13 STRE 14 CITY 21 HITE 22 NAME 33 STRE 32 NAME 33 STRE 34 CITY 41 HITE 42 NAME 43 STRE 44 CITY 51 HITE 52 NAME 53 NAME 54 NAME 54 NAME 55 NAME 56 NAME 57 NAME 57 NAME 58 NAME	City e-named corp y the corporati s enamed corp enamed corp y the corporati s enamed corp	ioration submits this statement for the on's board of directors. I hereby acce	PL B5 Zip Code purpose of changing its registered opt the appointment as registered DATE FICERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add
ORM 1. Pursuant to to office or reginagent. I am folice or reginagent. I am folice of reginagent. I am folice of reginagent. I am folice of the second of t	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. 200 N. HALIFAX DR.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI APP	B3 B4 B4 B5 B6 B6 B7 B6 B7	City e-named corp y the corporati s et aboress -st-zip E HI ADDRESS (-st-zip E HI ADDRESS (-st-zip E EHI ADDRESS (-st-zip E EHI ADDRESS (-st-zip E EHI ADDRESS (-st-zip E EEI ADDRESS	ioration submits this statement for the on's board of directors. I hereby acce	PL B5 Zip Code purpose of changing its registered opt the appointment as registered DATE FICERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add
ORM 1. Pursuant to toffice or reginagent Land foffice or reginagent Land for the signature of the street address of the street addr	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. 200 N. HALIFAX DR.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI APP	B3 B4 Reported by original Assertion and the statute of the Reported Assertion and the statute of the Reported Assertion and the statute of	City e-named corp y the corporati s et aboress -st-zip E HI ADDRESS (-st-zip) E HI ADDRESS (-st-zip) E EH ADDRESS (-st-zip) E EET ADDRESS (-st-zip) E E EET ADDRESS (-st-zip) E E EET ADDRESS (-st-zip) E E E E E E E E E E E E E E E E E E	ioration submits this statement for the on's board of directors. I hereby acce	PL B5 Zip Code purpose of changing its registered opt the appointment as registered DATE FICERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add
ORM 1. Pursuant to toffice or reginagent Land for the sign of the	the provisions of Sections 6 stered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. 200 N. HALIFAX DR.	607 0502 and 60 e State of Florida e obligations of,	Section 607 0505, FI SECTION 607 0505, FI ORS DELETE DELETE DELETE DELETE	B3 B4 Resident Above authorized by original Statute 13. 11 HILE 12 NAME 13 STRE 14 CITY 21 HILE 22 NAM 23 STRE 24 CITY 31 THE 32 NAM 33 STRE 34 CITY 41 HILE 42 NAM 43 STRE 44 CITY 51 HILE 52 NAM 53 STRE 54 CITY 61 HILE 62 NAM	City e-marned corp y the corporati s et aboress -st-zip E -ti aboress -st-zip -ti -ti aboress -ti abore	ioration submits this statement for the on's board of directors. I hereby acce	PL B5 Zip Code purpose of changing its registered opt the appointment as registered DATE FICERS AND DIRECTORS IN 12 Change Add Change Add Change Add Change Add
1. Pursuant to toffice or reginagent I am fisiGNATURE 2. ITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	the provisions of Scutions 6 istered agent, or both, in the familiar with, and accept the OFFICE PD SCOTT, ROBERT I 200 N. HALIFAX DR. ORMOND BEACH FL. STD SCOTT, ASTRID 200 N. HALIFAX DR. ORMOND BEACH FL. ORMOND BEACH FL.	507 05/02 and 600 e State of Florida e obligations of,	Section 607 0505, FI ARCHARD OBLETE DELETE DELETE DELETE DELETE DELETE	B3 B4 B4 B5 B6 B6 B7 B6 B7	e-named corp y the corporati s end signature recas end signature recas	ioration submits this statement for the on's board of directors. I hereby acce	PL 85 Zip Code: purpose of changing its registered opt the appointment as registered. DATE TOATE