

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S23453

(1)

1. Corporation Name

ANCHOR PET CENTER, INC.



Principal Place of Business

243 E. GRANADA BLVD.
ORMOND BEACH FL 32176

Mailing Address

243 E. GRANADA BLVD.
ORMOND BEACH FL 32176-6632

2. Principal Place of Business

21 165 E. GRANADA BLVD

Suite, Apt. #, etc.

22

City & State

23 ORMOND BEACH FL

Zip

24 32176

Country

25 USA

2a. Mailing Address

26 165 E GRANADA BLVD

Suite, Apt. #, etc.

27

City & State

28 ORMOND BEACH FL

Zip

29 32176

Country

30 USA

3. Date Incorporated or Qualified

01/08/1991

3a. Date of Last Report

08/08/1996

4. FEI Number

36-2879353

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SCOTT, ROBERT I.
243 E. GRANADA BLVD.
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name

ROBERT I. SCOTT

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

165 E. GRANADA BLVD

83

84 City

ORMOND BEACH

FL

85 Zip Code

32176

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 PD ☒ DELETE

NAME SCOTT, ROBERT I
STREET ADDRESS 200 N. HALIFAX DR.
CITY-ST-ZIP ORMOND BEACH FL

TITLE STD ☒ DELETE

NAME SCOTT, ASTRID
STREET ADDRESS 200 N. HALIFAX DR.
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition

1.2 NAME SCOTT, ROBERT I
1.3 STREET ADDRESS 719 VIOLET ST
1.4 CITY-ST-ZIP DAYTONA BEACH, FL 32119

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME SCOTT, ASTRID
2.3 STREET ADDRESS 719 VIOLET ST
2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32119

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 do 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:

Robert I. Scott

ROBERT I SCOTT Pres

4-7-97

904 677-0086

CR2E034 (9/96)