


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S27894 (2) 1. Corporation Name SUNLAND ACRES KENNELS, INC.			

Principal Place of Business 1380 FRUIT COVE ROAD JACKSONVILLE FL 32259 US	Mailing Address 1380 FRUIT COVE ROAD JACKSONVILLE FL 32259
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 01/28/1991	
4. FEI Number 59-3046256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
WINCHESTER, HENRY C. 1380 FRUIT COVE RD JACKSONVILLE FL 32223	

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	P <input type="checkbox"/> DELETE
NAME	WINCHESTER, HENRY C.
STREET ADDRESS	1380 FRUIT COVE RD S.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WINCHESTER, MARIORIE H.
STREET ADDRESS	1380 FRUIT COVE RD S.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	WINCHESTER, HENRY C <input checked="" type="checkbox"/> DELETE
NAME	1380 FRUIT COVE RD S.
STREET ADDRESS	JAX, FL.
CITY-ST-ZIP	32259 3177
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME
1.3	STREET ADDRESS
1.4	CITY-ST-ZIP
2.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME
2.3	STREET ADDRESS
2.4	CITY-ST-ZIP
3.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME
3.3	STREET ADDRESS
3.4	CITY-ST-ZIP
4.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME
4.3	STREET ADDRESS
4.4	CITY-ST-ZIP
5.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME
5.3	STREET ADDRESS
5.4	CITY-ST-ZIP
6.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Henry C. Winchester* 2-3-98 (904) 287-5246

CR2E034 (10/97)