

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S48137** (1)
1. Corporation Name
LUCKY T. KENNEL, INC.



Principal Place of Business

Mailing Address

~~ROUTE
BOX 260-2
JEFFERSON CITY MO 65109~~

715 SWIFTS HWY.
JEFFERSON CITY MO 65109
US

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/25/1991 | 3a. Date of Last Report 10/24/1995 |
| 4. FEI Number 65-0260465 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. 7218 W 4th Ave | 26 Suite, Apt. #, etc. |
| 22 City & State Healeah, FL | 27 City & State |
| 23 Zip 33014 | 28 Country |
| 24 Country | 29 Zip |
| 25 Country | 30 Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PRIMEAU, JOHN
8760 SW 57TH ST
COOPER CITY FL 33328~~

| |
|---|
| 81 Name None |
| 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 that of corporation

12. Registered Agent signature, required when in 12.

Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | S | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRIMEAU, JOHN | 1.2 NAME | |
| STREET ADDRESS | 8760 SW 57TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | COOPER CITY FL | 1.4 CITY-ST-ZIP | |
| TITLE | T | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLINK, DON | 2.2 NAME | |
| STREET ADDRESS | 2115 N 35TH AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | 2.4 CITY-ST-ZIP | |
| TITLE | P | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENRY, LAWRENCE D. | 3.2 NAME | |
| STREET ADDRESS | 715 SWIFTS HWY. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JEFFERSON CTY MO | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 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 | | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lawrence D Henry; Lawrence D Henry 5/29/96 314-681-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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