FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:28

DOCUMENT # **S62822** **(9)**

1. Corporate Name
PALM TREE PETS, INC.

Principal Place of Business
471 SEMINOLE BLVD.
LARGO FL 34640-3620

Mailing Address
471 SEMINOLE BLVD.
LARGO FL 34640-3620

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **06/20/1991**
3a. Date of Last Report: **04/14/1994**

2. Previous Name(s) (If Any)
21
2a. Name(s) Added
26

4. FEI Number: **59-3071982**
Applied For
Not Applicable

Date Adopted
22
Date Adopted
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

State Adopted
23
State Adopted
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 25 29 30

8. This corporation has liability for assessments under Ch. 196.075, Florida Statutes ☐ yes ☑ no

9. Name and Address of Current Registered Agent

STAZKO, JOHN R.
471 SEMINOLE BLVD.
LARGO FL 34640

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 Section 607.0505, 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
Registered Agent's Signature (required)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	STAZKO, JOHN R.
STREET ADDRESS	471 SEMINOLE BLVD.
CITY, ST, ZIP	LARGO FL
TITLE	P
NAME	STAZKO, PRESLEY CARLA
STREET ADDRESS	471 SEMINOLE BLVD.
CITY, ST, ZIP	LARGO FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct 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 person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: Carlen Ray Stazko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95
Date

(813) 581-3258 397-8843
Daytime Phone

0381234 CP