

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # S75696 (2)**  
1. Corporation Name  
**A CRITTER GETTER, INC.**



Principal Place of Business: **RT. 1, BOX 52 AAA TALLAHASSEE FL 32312**  
Mailing Address: **RT. 1, BOX 52 AAA TALLAHASSEE FL 32312**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.	<b>08/26/1991</b>	<b>05/01/1995</b>
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. Zip	28. Zip	<b>59-3084756</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>CAPPS, TAMMY</b> <b>RT. 1, BOX 52 AAA</b> <b>TALLAHASSEE FL 32312</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0209 and 607.0509, 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 607.0509, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	P	13. 1. TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPPS, TAMMY	2. NAME			
STREET ADDRESS	ROUTE 1, BOX 52 AAA	3. STREET ADDRESS			
CITY, ST, ZIP	TALLAHASSEE FL	4. CITY, ST, ZIP			
5. TITLE	V	21. TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPPS, GARY	22. NAME			
STREET ADDRESS	ROUTE 1, BOX 52 AAA	23. STREET ADDRESS			
CITY, ST, ZIP	TALLAHASSEE FL	24. CITY, ST, ZIP			
6. TITLE		31. TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		32. NAME			
STREET ADDRESS		33. STREET ADDRESS			
CITY, ST, ZIP		34. CITY, ST, ZIP			
7. TITLE		41. TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		42. NAME			
STREET ADDRESS		43. STREET ADDRESS			
CITY, ST, ZIP		44. CITY, ST, ZIP			
8. TITLE		51. TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		52. NAME			
STREET ADDRESS		53. STREET ADDRESS			
CITY, ST, ZIP		54. CITY, ST, ZIP			
9. TITLE		61. TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		62. NAME			
STREET ADDRESS		63. STREET ADDRESS			
CITY, ST, ZIP		64. CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this form 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 supplement to 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 a full name.

SIGNATURE: *Tammy Capps*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

apil 25796 668-0711

CR2E034 (12/95)