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 # **S99889** **(5)**

1. Corporation Name

DEVORE LABRADORS, INC.

Principal Place of Business	Mailing Address
~~3276 OCALA RD~~ ~~VENICE FL 34293~~	~~3276 OCALA RD~~ ~~VENICE FL 34293~~

3. Date Incorporated or Qualified: **12/12/1991**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business	2a. Mailing Address
21 19313 DORMAN RD.	26 19313 DORMAN RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LITHIA, FL.	City & State 28 LITHIA, FL.
Zip 24 33547 Country 25 USA HILLSBOROUGH	Zip 29 33547 Country 30 USA HILLSBOROUGH

4. FEI Number: **65-0318487** ☐ 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	10. Name and Address of New Registered Agent
DEVORE, PHILIP E. ~~3276 OCALA RD~~ 19313 DORMAN RD. ~~VENICE FL 34293~~ LITHIA, FL. 33547	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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	DEVORE, PHILIP E.		1.2 NAME		
STREET ADDRESS	~~3276 OCALA RD.~~		1.3 STREET ADDRESS	19313 DORMAN RD.	
CITY-ST-ZIP	~~VENICE FL~~		1.4 CITY-ST-ZIP	LITHIA, FL. 33547	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	Shirley M. DeVore		2.2 NAME	Shirley M. DeVore	
STREET ADDRESS	19313 DORMAN ROAD		2.3 STREET ADDRESS	19313 DORMAN ROAD	
CITY-ST-ZIP	Lithia, Fl. 33547		2.4 CITY-ST-ZIP	Lithia, Fl. 33547	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: _____ 4/28/96 (813) 661-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)