

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 MAY -1 PH 3: 04****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # V38446****(3)**

1. Corporation Name

WORTHINGTON KENNELS, INC.

Principal Place of Business

**P. O. BOX 76
HIGHWAY 26
PUTNAM FL 32185
US**

Mailing Address

**P.O. BOX 104
ODESSA FL 33556
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/21/1992

3a. Date of Last Report

03/29/1994

4. FEI Number

59-3123156

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**WORTHINGTON, WILLIAM H.
HIGHWAY 26
PUTNAM HALL FL 32185**

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 re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WORTHINGTON, WILLIAM H.
STREET ADDRESS	HIGHWAY 26
CITY - ST - ZIP	PUTNAM HALL FL
TITLE	D
NAME	WORTHINGTON, MILLIE B.
STREET ADDRESS	HIGHWAY 26
CITY - ST - ZIP	PUTNAM HALL FL
TITLE	D
NAME	CAPLE, PAUL T.
STREET ADDRESS	HIGHWAY 26
CITY - ST - ZIP	PUTNAM HALL FL
TITLE	DST
NAME	GLOVER, DENNIS C.
STREET ADDRESS	HIGHWAY 26
CITY - ST - ZIP	PUTNAM HALL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis C. Glover

Date

4-24-95

Day and Phone #

(813) 420-3626