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95 APR 26 AM 10: 07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # J98654 (3)

1. Corporation Name
BAY ANIMAL HOSPITAL, INC.

Principal Place of Business Mailing Address

**C/O RANDY DEAN EUBANKS
2003 E. BUSINESS HWY. 98
PANAMA CITY FL 32401**

**C/O RANDY DEAN EUBANKS
2003 E. BUSINESS HWY. 98
PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

10/20/1987 **04/18/1994**

4. FEI Number Applied For

59-2833814 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. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**EUBANKS, RANDY DEAN
2003 E. BUSINESS HWY. 98
PANAMA CITY FL 32401**

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: *Randy Eubanks* *Randy Eubanks* *4/15/95*

Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reconstituting

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	EUBANKS, RANDY DEAN
STREET ADDRESS	3111 ORLANDO RD. 3537 E. 43rd ST
CITY - ST - ZIP	PANAMA CITY FL 32404
TITLE	D
NAME	EUBANKS, LINDA
STREET ADDRESS	3111 ORLANDO RD. 3537 E. 43rd ST
CITY - ST - ZIP	PANAMA CITY FL 32404
TITLE	D
NAME	BALL, JAMES H.
STREET ADDRESS	RT. 1, BOX 1351
CITY - ST - ZIP	PANAMA CITY FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RANDY DEAN EUBANKS	
1.3 STREET ADDRESS	3537 E. 43rd ST	
1.4 CITY - ST - ZIP	PANAMA CITY FL 32404	
2.1 TITLE	SECRETARY S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LINDA EUBANKS	
2.3 STREET ADDRESS	3537 E. 43rd ST	
2.4 CITY - ST - ZIP	PANAMA CITY FL 32404	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: *Randy Eubanks* *Randy Eubanks* *4/15/95* *904 763-2137*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)