

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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**

3. Date Incorporated or Qualified **10/20/1987** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2833814** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

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

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1500, 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, the undersigned, 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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>EUBANKS, RANDY DEAN</b>	
STREET ADDRESS	<b>3537 E 43RD STREET</b>	
CITY- ST- ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>EUBANKS, LINDA</b>	
STREET ADDRESS	<b>3537 E 43RD STREET</b>	
CITY- ST- ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BALL, JAMES H.</b>	
STREET ADDRESS	<b>RT. 1, BOX 1351</b>	
CITY- ST- ZIP	<b>PANAMA CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changes to, or an attachment with an address.

SIGNATURE: **Randy Eubanks** *Randy Eubanks President 4/20/96* (904) 763-2133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)