FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 23 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K50615 (9)

1. Corporation Name
VET SPECIALTIES, INC.

Principal Place of Business	Mailing Address
26344 BLOOMFIELD AVE. YALAHA FL 34797	P O BOX 638 POLK CITY FL 33868 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1988
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21: 224 N. Commonwealth Ave.
22 Suite, Apt. #, etc.:
23 City & State: Polk City, FL
24 Zip: 33868
25 Country: USA

2a. Mailing Address
26: POB 638
27 Suite, Apt. #, etc.:
28 City & State: Polk City, FL
29 Zip: 33868
30 Country: USA

4. FEI Number: 59-2919853 ☐ 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

WEIRATHER, ANTHONY D.
26344 BLOOMFIELD AVE
YALAHA FL 34797

10. Name and Address of New Registered Agent

81 Name: Weirather, Anthony D.
82 Street Address (P.O. Box Number is Not Acceptable): 224 N. Commonwealth Ave
83:
84 City: Polk City FL 85 Zip Code: 33868

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: Anthony Weirather 1/14/95
Signature, type or printed name of registered agent and title if an officer (NOTE: Registered agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	WEIRATHER, ANTHONY D.	12 NAME	Weirather, Anthony D
STREET ADDRESS	26344 BLOOMFIELD AVE.	13 STREET ADDRESS	224 N. Commonwealth Ave
CITY-ST-ZIP	YALAHA FL	14 CITY-ST-ZIP	Polk City, FL 33868
TITLE	ST	21 TITLE	ST ☒ Change ☐ Addition
NAME	WEIRATHER, PAMELA M	22 NAME	Weirather, Pamela M
STREET ADDRESS	26344 BLOOMFIELD AVE	23 STREET ADDRESS	224 N. Commonwealth Ave.
CITY-ST-ZIP	YALAHA FL	24 CITY-ST-ZIP	Polk City, FL 33868
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 is added in an attachment with an address.

SIGNATURE: Anthony Weirather 1/14/95 813984 4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0440661 FP