

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 # **K50615** (9)

1. Corporation Name
VET SPECIALTIES, INC.



Principal Place of Business
**224 N COMMON WEALTH AVE
POLK CITY FL 33868
US**

Mailing Address
**PO BOX 638
POLK CITY FL 33868
US**

3. Date Incorporated or Qualified **12/12/1988** 3a. Date of Last Report **01/23/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	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
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9. Name and Address of Current Registered Agent

**WEIRATHER, ANTHONY D
224 N COMMONWEALTH AVE
POLK CITY FL 33868**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	WEIRATHER, ANTHONY D.	12 NAME	
STREET ADDRESS	224 N COMMONWEALTH AVE	13 STREET ADDRESS	
CITY- ST- ZIP	POLK CITY FL 33868	14 CITY- ST- ZIP	
TITLE	ST ☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	WEIRATHER, PAMELA M	22 NAME	
STREET ADDRESS	224 N COMMONWEALTH AVE	23 STREET ADDRESS	
CITY- ST- ZIP	POLK CITY FL 33868	24 CITY- ST- ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	☐ DELETE	6 1 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)(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

1/19/96 **941-984-4123**
Date Daytime Phone #

CR2E034 (12/95)