4.24.98 B 5575 NC **AFTER MAY 1ST IS \$550.00** FILE NOW: FILING FEE

NAME

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CITY-ST-ZIP

FILED Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K63538 (8)VET ENTERPRISES, INC. Principal Place of Business Mailing Address 18938 ST LAURENT DRIVE 18938 ST LAURENT DRIVE LUTZ FL 33549 **LUTZ FL 33549** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 Personal Property Tax due June 30. 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, VERNON E. 18938 ST LAURENT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** 83 84 City 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, typied or printed name of registered agent and title if applicable (NOTE Registered Agent aignature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition NAME TAYLOR, VERNON E. 1.2 NAME 18938 ST LAURENT DR STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL CITY-ST-7IP 1.4 CITY-ST-ZIP Change DELETE TITLE 21 TITLE Addition 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TETL F 3 1 TITLE 12 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CiTY - ST - ZiP DELETE Change Addition TIFLE 61 TITLE

6.2 NAME

63 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 recoiver or trustee expressed to e) ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an allament with an address. A13-947-5340