

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 NOT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

99 DEC -6 PM 12:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000000901

1. Corporation Name
 ALL PETS PLANNED PETHOOD OF FLORIDA, INC.

Principal Place of Business P. O. BOX 771324 OCALA FL 34477-1324
 Mailing Address P. O. BOX 771324 OCALA FL 34477-1324



9-1-99 90001 00,9

| | | | |
|----|---|--|--|
| 21 | 2. Principal Place of Business 6225 SW 89TH CT | 2a. Mailing Address P.O. Box 771324 | 3. Date Incorporated or Qualified 02/00/1998 |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number Applied For / Not Applicable |
| 23 | City & State OCALA FL | City & State OCALA FL | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 24 | Zip 34474 | Country MARION | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees |

| | | | |
|--|--|--|----------|
| 8. Name and Address of Current Registered Agent BIDMON, LORETTA M 6225 SW 89TH CT. OCALA FL 34474 | | 10. Name and Address of New Registered Agent | |
| 81 | Name | 84 | City |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 85 | Zip Code |
| 83 | | FL | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE: Loretta M. Bidmon DATE: 8/20/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|----------------------|
| TITLE | PRESIDENT | 1.1 TITLE | P PRES |
| NAME | DOT LEAVY | 1.2 NAME | DOT LEAVY |
| STREET ADDRESS | 6225 SW 89TH CT | 1.3 STREET ADDRESS | 6225 SW 89TH CT |
| CITY-ST-ZIP | OCALA, FL 34477 | 1.4 CITY-ST-ZIP | OCALA, FL 34474 |
| TITLE | LETTY TOWLES | 2.1 TITLE | VP |
| NAME | LETTY TOWLES | 2.2 NAME | LETTY TOWLES |
| STREET ADDRESS | 2862 NE 31 PL | 2.3 STREET ADDRESS | 2862 NE 31 PL |
| CITY-ST-ZIP | OCALA, FL 34479 | 2.4 CITY-ST-ZIP | OCALA, FL 34479 |
| TITLE | JUDY MEINNESS | 3.1 TITLE | D |
| NAME | JUDY MEINNESS | 3.2 NAME | JUDY MEINNESS |
| STREET ADDRESS | 3100 SE 73 ST LOT 87 | 3.3 STREET ADDRESS | 3100 SE 73 ST LOT 87 |
| CITY-ST-ZIP | OCALA, FL 34480-8055 | 3.4 CITY-ST-ZIP | OCALA, FL 34480-8055 |
| TITLE | MARCELLA HAMMOND | 4.1 TITLE | D |
| NAME | MARCELLA HAMMOND | 4.2 NAME | MARCELLA HAMMOND |
| STREET ADDRESS | 1938 SE 37 CIRCLE | 4.3 STREET ADDRESS | 1938 SE 37 CIRCLE |
| CITY-ST-ZIP | OCALA, FL 34471 | 4.4 CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | MAUREEN FLYNN | 5.1 TITLE | D |
| NAME | MAUREEN FLYNN | 5.2 NAME | MAUREEN FLYNN |
| STREET ADDRESS | 19215 SW 93 LOOP | 5.3 STREET ADDRESS | 19215 SW 93 LOOP |
| CITY-ST-ZIP | DUNNELLON, FL 34432 | 5.4 CITY-ST-ZIP | DUNNELLON, FL 34432 |
| TITLE | NORENE NASWORTH | 6.1 TITLE | D |
| NAME | NORENE NASWORTH | 6.2 NAME | NORENE NASWORTH |
| STREET ADDRESS | 5880 SW 54 AVE | 6.3 STREET ADDRESS | 5880 SW 54 AVE |
| CITY-ST-ZIP | OCALA, FL 34474 | 6.4 CITY-ST-ZIP | OCALA, FL 34474 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: Loretta M. Bidmon DATE: 8/20/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SUBSCRIBER

CR20037 (5-99)

352-237-2022