

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

APPROVED
AND
FILED

95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V47046** (0)

1. Corporation Name

SAN JOSE - BEAUCLERC ANIMAL CLINIC, INC.

Principal Place of Business

8019 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Mailing Address

9019 SAN JOSE BLVD.
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

2. Date incorporated or Qualified

06/30/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FFI Number

59-3131599

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

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLF, WAYNE A.
3733 UNIVERSITY BLVD., WEST
SUITE 106
JACKSONVILLE FL 32217

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 607.120(2) and 607.150(9), 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 607.150(9), Florida Statutes.

SIGNATURE

(Signature of Corporation or Registered Agent)

(Signature of Registered Agent or Representative)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

DP
NASH, DWIGHT M.
9319 SAN JOSE BLVD.
JACKSONVILLE FL 32257

1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

Change Addition

4. NAME
5. STREET ADDRESS
6. CITY, ST. ZIP

4. NAME
5. STREET ADDRESS
6. CITY, ST. ZIP

Change Addition

7. NAME
8. STREET ADDRESS
9. CITY, ST. ZIP

7. NAME
8. STREET ADDRESS
9. CITY, ST. ZIP

Change Addition

10. NAME
11. STREET ADDRESS
12. CITY, ST. ZIP

10. NAME
11. STREET ADDRESS
12. CITY, ST. ZIP

Change Addition

13. NAME
14. STREET ADDRESS
15. CITY, ST. ZIP

13. NAME
14. STREET ADDRESS
15. CITY, ST. ZIP

Change Addition

16. NAME
17. STREET ADDRESS
18. CITY, ST. ZIP

16. NAME
17. STREET ADDRESS
18. CITY, ST. ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the immunity provided in Section 119.07(4)(b), Florida Statutes. I further certify that the information included 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 of this report or an attachment with an address.

SIGNATURE:

D.M. Nash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (904) 733-5022