FILE NOW: FILING FEE AFTER MAY 1ST 1S \$550.00

Mailing Address

3800 CREIGHTON BLVD PENSACOLA FL 32504

PROFIT CORPORATION ANNUAL REPORT

1999 -



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 376234

Principal Place of Business

3800 CREIGHTON BLVD

PENSACOLA FL 32504

HENRY ANIMAL CLINIC, INC.

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90032 034 ***150.00

DO NOT WRITE IN THIS SPACE

							3. Date incorporated or Qualified 01/27/1971			İ	
2. Principal Pi	Principal Place of Business 2a. Mailing Address					4. FEI Number				Applied For	
21 .	26						59-1316354			Not Applicable	
7.12			Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
City & State	9		City & State				6. Election Campaign Financing	 _		May Be d to Fees	
23		28	7:-	Country			Trust Fund Contribution	4.4		1 to rees	
Zip		Country Zip Country					8. This corporation owes the current year Intangible Personal Property Tax ✓ Yes □ No				
24 25 29				<u> </u>	Personal Property Tax. Wyes No 10. Name and Address of New Registered Agent						
	9. Name and Address of Current	Regist	ered Agent	81	Name		To. Name and Address of New Reg	istered A	- None		
HENRY, VICTOR L.				L	82 Street Address (P.O. Box Number is Not Acceptable)						
	CREIGHTON ROAD				0	, 100,00					
PENS	SACOLA FL 32504			83							
				84	City			FL	85 Zij	p Code	
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida	a. Such change was auth	onzed by	tne corp	corpor	ration submits this statement for the pu i's board of directors. I hereby accept t	rpose of one appoin	changing intment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if	appticable (NOTE: Re	gistered Age	nt signature	required v	when reinstating)	DATE			
12.	OFFICERS AN	D DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIREC	FORS IN 12	
TITLE	PD	,	☐ DELETE	1.1 TITLE					☐ Chang	e 🔲 Addition	
NAME	HENRY, VICTOR L.			1.2 NAME							
STREET ADDRESS	3800 CREIGHTON			1.3 STREE	TADORESS						
CITY-ST-ZIP	PENSACOLA FL		مميستنيد دمي مار	'1.4 CITY-S	T-ZIP	-			- درست		
TITLE			☐ DELETE	2.1 TITLE	•				Chang	e	
NAME				2.2 NAME						ļ	
STREET ADDRESS	,			2.3 STREE	T ADDRESS		-			Ì	
CITY-ST-ZIP				2. 4 CITY-	T-ZiP						
TITLE			☐ DELETE	3.1 TITLE					Chang	e Addition	
NAME	<u> </u>			3.2 NAME							
STREET ADDRESS				3.3 STREE	TADORÉSS	;					
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE			☐ DELETE	4,1 TITLE					☐ Chang	je 🗌 Addition	
NAME				4. 2 NAME							
STREET ADDRESS	,			4.3 STREE	T ADDRESS						
CITY-ST-ZIP				4.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	5.1 TITLE					Chang	je 🗌 Addition	
NAME				5.2 NAME							
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP				5.4 CITY- S	T-ZIP	1					
TITLE			☐ DELETE	6.1 TITLE					Chang	e 🗍 Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	TADORESS	i				ļ	
	I			64 CITY-9	T_7IP						

14. I hereby certify that the information supplied with this filing 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 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 with all other like empowered.