

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morrum  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:45

DOCUMENT # **401381** (9)

1. Corporation Name  
**SANTA FE ANIMAL CLINIC, INC.**

Principal Place of Business      Mailing Address  
**3107 U.S. HIGHWAY 92 EAST  
LAKELAND FL 33801-9221**      **3107 U.S. HIGHWAY 92 EAST  
LAKELAND FL 33801-9221**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/17/1972</b>	3a. Date of Last Report <b>06/28/1994</b>
4. FEI Number <b>59-1354214</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
State, Apt. #, etc. <b>22</b>	State, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**HIGHTOWER, DORSEY G  
6818 BROKEN ARROW TRAIL S  
LAKELAND FL 33801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature must be in ink and must be of registered agent or the registered agent)      (DATE Registered Agent signature required when registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HIGHTOWER, DORSEY G
STREET ADDRESS	6818 BROKEN ARROW TRAIL
CITY, ST, ZIP	LAKELAND FL
TITLE	VD
NAME	HIGHTOWER, SANDRA L
STREET ADDRESS	6818 BROKEN ARROW TRAIL
CITY, ST, ZIP	LAKELAND FL
TITLE	ST
NAME	STEWART JR, LAWRENCE C
STREET ADDRESS	101 AVENUE "C" SW
CITY, ST, ZIP	WINTER HAVEN FL
TITLE	D
NAME	HIGHTOWER, DORSEY G
STREET ADDRESS	6818 BROKEN ARROW TRAIL
CITY, ST, ZIP	LAKELAND FL
TITLE	VD
NAME	Presnell, MARC A.
STREET ADDRESS	1777 Grumley Rd.
CITY, ST, ZIP	Chuluota, FL 32766-9016
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information furnished 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 this 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 or Block 14 or on an attached sheet with my address.

SIGNATURE: *Dorsey G. Hightower*  
SIGNATURE AND TITLE IN PRINTED INK OF BOARD OFFICER OR DIRECTOR

3-7-95 / 913-665-5033  
Date      (Typed Name)