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

PROFIT

Jan 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 401381 (9)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 05/17/1972 2, Principal Place of Business Broken Arnw Tr. Sv. 59-1354214 Applied For 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HIGHTOWER.DORSEY G 6816 BROKEN ARROW TRAIL S 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change Addition TITLE 11 TITLE HIGHTOWER.DORSEY G NAME 12 NAME **6816 BROKEN ARROW TRAIL** STREET ADDRESS 1.3 STREET ADDRESS <u>Lakeland fl</u> CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE **VD** 2.1 TITLE HIGHTOWER, SANDRA L NAME 2.2 NAME 6816 BROKEN ARROW TRAIL STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ST STEWART JR.LAWRENCE C NAME 101 AVENUE "C" SW 3.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4 1 TILLE HIGHTOWER, DORSEY G 4. 2 NAME NAME STREET ADDRESS **6816 BROKEN ARROW TRAIL** 4.3 STREET ADDRESS LAKELAND FL CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 ort or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Devation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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