

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

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 416061 (0)

1. Corporation Name
PET CONNECTION OF BREVARD, INC.



Principal Place of Business

700 N WICKHAM ROAD
SUITE 209
MELBOURNE FL 32935

Mailing Address

700 N WICKHAM RD
#209
MELBOURNE FL 32935-8840
US

3. Date Incorporated or Qualified
01/03/1973

3a. Date of Last Report
01/22/1996

2. Principal Place of Business

21 1085 N. Wickham Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 1085 N. Wickham Rd.
Suite, Apt. #, etc.

4. FEI Number
59-1433527

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 25

29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STITZEL, ROBERT E
700 N WICKHAM ROAD
SUITE 209
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
Michael P. Stitzel, DVM
82 Street Address (P.O. Box Number is Not Acceptable)
1085 N. Wickham Road

83
84 City Melbourne FL 85 Zip Code 32935

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	XX DELETE
NAME	STITZEL, DENNIS B.	
STREET ADDRESS	700 N WICKHAM ROAD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	PD	XX DELETE
NAME	STITZEL, ROBERT E.	
STREET ADDRESS	700 N WICKHAM ROAD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	XX DELETE
NAME	STITZEL, JUNE	
STREET ADDRESS	700 N WICKHAM ROAD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stitzel, Michael P., DVM	
1.3 STREET ADDRESS	1085 N. Wickham Road	
1.4 CITY-ST-ZIP	Melbourne, FL 32935	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stitzel, Susan P.	
2.3 STREET ADDRESS	1085 N. Wickham Road	
2.4 CITY-ST-ZIP	Melbourne, FL 32935	
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 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13a, changed, or an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Stitzel, DVM 1/7/97

Date

Daytime Phone #

0103968

CR2E034 (9/96)