

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 439186 (8)

1. Corporation Name

VENICE PINES VETERINARY CLINIC, INC.

Principal Place of Business

1168 JACARANDA BLVD.
VENICE FL 34292

Mailing Address

1168 JACARANDA BLVD.
VENICE FL 34292



3. Date Incorporated or Qualified
11/01/1973

3a. Date of Last Report
04/24/1995

4. FEI Number

59-1497253

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANDT, JAMES H.
187 INLETS BLVD.
NOKOMIS FL 34275-1113

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 420 ANCHORAGE DR

84 City

NOKOMIS

FL

85 Zip Code

34275

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

James H. Brandt

Printed Name of Agent (Signature required when re-stating)

4/11/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	BRANDT, JAMES H.	187 INLETS BLVD.	NOKOMIS FL	
S	BRANDT, PATTY S.	187 INLETS BLVD.	NOKOMIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	JAMES H. BRANDT	420 ANCHORAGE DR.	NOKOMIS, FL 34275	
S	BRANDT, PATTY S.	420 ANCHORAGE DR.	NOKOMIS, FL 34275	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

James H. Brandt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. BRANDT

4/11/96

941 492-9692

Da/Date Printed

CR2E034 (12/95)