FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

APPROVED AND FILED

MAY 1 '95 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 447275 (9)

1. CORPORATE NAME
FRIENDSHIP VETERINARY CLINIC, INC.

PRINCIPAL ADDRESS
623 NORTH BEAL PARKWAY
FT WALTON BEACH FL 32548

MAILING ADDRESS
623 NORTH BEAL PARKWAY
FT WALTON BEACH FL 32548

FOR OFFICE USE ONLY

3. DATE INCORPORATED OR QUALIFIED: 03/06/1974
3a. DATE OF LAST REPORT: 04/29/1994

2. CORPORATE NAME 21
2a. MAILING ADDRESS 26

4. FEI NUMBER: 59-1508567 — Applied For / Not Applicable

22 / 27

5. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee Required

23 / 28

6. DUES AND REPORTS — Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 / 25 / 29 / 30

8. DOES COMPANY HAVE BENEFIT OF INTANGIBLE TAX UNDER CHAPTER 199 FLORIDA STATUTES? ☒ Yes ☐ No

9. NAME AND ADDRESS OF CURRENT REGISTERED AGENT

BLUMER, PHILIP W.
108 HANDS COVE LN
SHALIMAR FL 32579

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 CHAPTER 607.0505 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE STATEMENT FOR THE PURPOSE OF CHANGING ITS REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH, WITHIN THE STATE OF FLORIDA. THE NAME AND ADDRESS OF THE REGISTERED OFFICE AND THE NAME AND ADDRESS OF THE REGISTERED AGENT FOR SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
BLUMER, PHILIP W. DVM
108 HANDS COVE LANE
SHALIMAR FL 32579

13. ADDITIONAL OFFICERS AND DIRECTORS — ☐ Change ☐ Add

14. I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED WITH THIS REPORT, KNOWINGLY FURNISHED AND THEREFORE CORRECT, IS THE INFORMATION REQUIRED BY CHAPTER 607.0505 FLORIDA STATUTES. FURTHER, I HAVE ATTACHED A CHECK TO THE CORPORATION FOR THE AMOUNT OF THE FILING FEE AND, IF APPLICABLE, THE AMOUNT OF THE TRUST FUND CONTRIBUTION. I AM AWARE THAT THE REPORT IS REQUIRED BY CHAPTER 607 FLORIDA STATUTES AND THAT MY NAME APPEARS IN BLOCK 12 OR BLOCK 13 OF THE REPORT AS AN OFFICER OR DIRECTOR WITH AN ADDRESS.

SIGNATURE: Philip W. Blumer — Philip W. Blumer — 5/1/95 — 904-862-9813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0390067 CP