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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

466677

(2)

KINGSLEY AVENUE ANIMAL HOSPITAL, P.A., CARL A. G UILL, D.V.M.

Country

9. Name and Address of Current Registered Agent

25

ORANGE PARK FLORIDA 32073

Principal Place of Business 1070 KINGSLEY AVE. **ORANGE PARK FLORIDA 32073**

2. Principal Place of Business

GUILL, CARL

1070 KINGSLEY AVE.

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zin

Suite, Apt. #, etc.

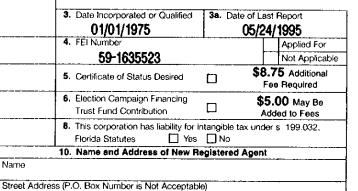
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1070 KINGSLEY AVE. **ORANGE PARK FLORIDA 32073**



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.

Country

81 Name

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SIGNATURE Signature, typed or printed nenie of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE			
12.	Signature, typed or printed name of registered agent and title if anyllicable (NO OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1. 1 TITLE	Change ☐ Addition
NAME	GUILL, CARL	1.2 NAME	, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	2285 FOXWOOD DR.	1.3 STREET ADDRESS	3125 CALLIE COURT GREEN COVE SPRINGS, FL 32043
CITY ST-ZIP	ORANGE PARK FL	1.4 CITY - \$1 - ZIP	GREEN COVE SORINGS FL 32043
TITLE	\$ DELETE	2. 1 TITLE	Change Addition
NAME	GUILL, JUDITH	2.2 NAME	1
STREET ADDRESS	2285 FOXWOOD DR	2.3 STREET ADDRESS	3225 CALLIE COURT GREEN COVE SPRINGS, FL 32043
City-St-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	☐ DELETE	3. 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
C-TY-ST-ZIP		3 4 CITY - ST - ZIP	
TITLE	☐ DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREFT ADDRESS		4.3 STREET ADDRESS	
CITY ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DETEIE	5 1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - S1 - ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS	•	6 3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY - ST - ZIP	

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 ir formation indicated on this annual report or susplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oats; 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 affactment with an address.

SIGNATURE: JUDITH GUILL

4.23-96 904-264-2419