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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

475788

(6)

RAWLS	S VETERINARY HOSPITAL	INC.				
 Penupat Place of	*Business	Mirang Address				1001 1011 01014 SIOII OIBII DIOIL OIDII DIBII 110
127 EAST M DAYTONA B	127 EAST MASON DAYTONA BEACH					
					3. Date incorporated or Qualified 05/15/1975	3a. Date of Last Report 04/04/1995
2. Principal Piace	e of Business	28. Mailing Address 26			4. FEI Number 59-1594876	Applied For Not Applicable
Suite, Apt. #, etc		Scrite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Oity & State		Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zg) Country 25		Ζη. 29	Country 30		8. This corporation has liability for intangitive tax under s. 199.032, Florida Statutes Yes No	
	9. Name and Address of Current	Registered Agent		F	10. Name and Address of New R	egistered Agent
_			81	Name		
RAWLS, BENJAMIN H. JR. 127 E. MASON			82	Street Add	t Address (P.O. Box Number is Not Acceptable)	
DAYTO	NA BEACH FL 32014		83			
			84	City		85 Zip Code
PGNATURE 2. 2. Puf AME	PD RAWLS, BENJAMIN H. JR.		13. 1 1 THLE 1 2 NAME	d Signature respon	ADDITIONS/CHANGES TO OFF	CATE. ICERS AND DIRECTORS IN 12 Change Addition
THER 1 ADGRESS ITY - ST- ZIP	127 EAST MASON AVE. DAYTONA BEACH FL		1.3 STREET 1.4 City - 5			
LE AR HELT ATORESS TY STIZIP	VP RAWLS, FRANCES F 635 E RIDGEWOOD ORMOND BCH, FL 00000	ָרֵלֵן DELETE.	2 1 TULE 2 2 NAME 2 3 STREE 2 4 CITY	ADDRESS	sec.tres.	Change Addition
TLE IME HEET ATOMESS	ST SALZBURG, MARK A. 122 HOLLOW BRANCH CR ORMOND BEACH FL	X DELETE DSSING	3 1 TITLE 32 NAME 33 STREE 34 CITY-5	T ADORESS	Unce President. Rudinski Edward J. 2924 Oceans Trace Doutma Bon Shores, Fl	☐ Change 【X_Addit-on
LE IME RELIACORESS TYSTOP		□ DETEIF	4 TTITLE 4 2 NAME	ADDRESS		Change Addition
LE Mo Hotel Alloholos Thi ST-700		□ DELETE	5 1 TITLE 5 2 NAME 5 3 STREE	I ADDRESS		☐ Change ☐ Add-tion
LH Me RQET ACORESS		Detete		ADDRESS		☐ Change ☐ Addition
certify that the oath; that I a	he information indicated on this annu	 report or supplemental and ation or the receiver or trust 	nual report is tra ee empowered	s not qualify le and accur	for the exemption stated in Section 119, rate and that my signature shall have the his report as required by Chapter 607, Flo	same legal effect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 904-253-2525