4-13-95 0J-3452-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:26

DOCUMENT # **603298** **(1)**

1. Corporation Name

FRANK G. HANDLEY D.V.M. AND HOWARD S. JONES D.V.M. – HIGHLANDS ANIMAL HOSPITAL, P.A.

Principal Place of Business	Mailing Address
3500 STATE ROAD 17 NORTH P.O. BOX 1477 SEBRING FL 33871-1477	3500 STATE ROAD 17 NORTH P.O. BOX 1477 SEBRING FL 33871-1477

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1971
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business: 2887 STATE ROAD 17 SO.
26 2a. Mailing Address:
22 Suite, Apt. #, etc.: P O BOX
27 Suite, Apt. #, etc.:
23 City & State: AVON PARK, FL
28 City & State:
24 Zip: 33825
25 Country: HIGHLANDS
29 Zip:
30 Country:

4. FEI Number: 59-1372518 ☐ 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

9. Name and Address of Current Registered Agent

JONES,HOWARD S.,JR.
3500 STATE ROAD 17 NORTH
P.O. BOX 1477
SEBRING FL 33871

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	JONES,HOWARD S.,JR.(DR.)	12 NAME	
STREET ADDRESS	128 MINI RANCH ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	YOUNG, JOHN H. (DR.)	22 NAME	
STREET ADDRESS	501 SUNSET DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	JONES, HUNTER S.	32 NAME	
STREET ADDRESS	128 MINI RANCH ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 the 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: _____ 1-8-95 813 385-7743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440966 FP