FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2887 STATE ROAD 17 SO.
P.O. BOX 1477
AVON PARK FL 33825
US

Mailing Address

3500 STATE ROAD 17 NORTH
P.O. BOX 1477
SEBRING FL 33871-1477

3. Date Incorporated or Qualified: **12/30/1971**

3a. Date of Last Report: **04/13/1995**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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) ~~3887 State Road 17 N~~

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 and 607.1506, 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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	JONES,HOWARD S.,JR.(DR.)	
STREET ADDRESS	128 MINI RANCH ROAD	
CITY-ST-ZIP	SEBRING FL	
TITLE	VP	☐ DELETE
NAME	YOUNG, JOHN H. (DR.)	
STREET ADDRESS	501 SUNSET DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	S	☐ DELETE
NAME	JONES, HUNTER S.	
STREET ADDRESS	128 MINI RANCH ROAD	
CITY-ST-ZIP	SEBRING FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, or otherwise with an address.

SIGNATURE: Hunter S. Jones 4-15-96 941-385-7743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #