FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

603298

(1)

FRANK G. HANDLEY D.V.M. AND HOWARD S. JONES D.V.

FILED Apr 30 1998 8:00am Secretary of State

MH	iighlands animal hospi	TAL, P.A.			
Principal Place of Business		Mailing Address			ISDAY BADAY BADAY DADAY DABAY ANDA
2997 STATE ROAD 17 SO. P.O. BOX 1477 AVON PARK FL 33825 US		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	
	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26	·	59-1372518	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	10. Name and Address of New Register	ed Agent		
	NES,HOWARD S.,JR.		81 Name		
3500 STATE ROAD 17 NORTH P.O. BOX 1477				dress (P.O Box Number is Not Acceptable)	
SE	BRING FL 33871	•	83		
			84 City	F	85 Zip Code
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute of Florida Such change was a	s, the above-named co uthorized by the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
	im lamiliar with, and accept the oblig	jations of, Section 607,0505, Floi	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE	Registered Agent signature reg	juired when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE	7,20,7,0,10,0,1,11,0,2,0,7,10,2,10,7	Change Addition
NAME	JONES, HOWARD S., JR. (DR.)		1.2 NAME		-
STREET ADDRESS	128 MINI RANCH ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	YOUNG, JOHN H. (DR.)		2.2 NAME		
STREET ADDRESS	501 SUNSET DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP		
TFFLE	8	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, HUNTER S.		3.2 NAME		
STREET ADDRESS	128 MINI RANCH ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	The second	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		
TITLE		T DETELE	5.1 TITLE		Change Addition
NAME CORET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP		Observe C Adapt
		טנננינ ∟	6.1 TITLE		Change Addition
NAME STORET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing 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 corporatiopy 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 attachment with an address.

4-22-98