FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733553 (2)

1. Corporation Name
FLORIDA ASSOCIATION OF VETERINARY MEDICAL TECHNICIANS, INC

Principal Place of Business	Mailing Address
~~1140L 9TH ST. N.~~ ~~STE. #1800~~ ST. PETERSBURG FL 33716	~~1140L 9TH ST. N.~~ ~~STE. #1800~~ ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1975
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1661984 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 N/A	26 P.O. Box 21108		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22 N/A	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23 N/A	28 St. Petersburg, FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 N/A / 25 N/A	29 33742 / 30		

9. Name and Address of Current Registered Agent

CASLER, SR., WILLIAM F.
502 FLORIDA NATIONAL BANK BLDG
ST. PETERSBURG FL

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	TD	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	BARRETT, ROBERT	1.2 NAME	Karen Preston	
STREET ADDRESS	4130 QUEEN ST N.	1.3 STREET ADDRESS	913 Laona Dr. S.W.	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Largo, FL 34640	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	SHALOR, SUE	2.2 NAME	Linda Brockway	
STREET ADDRESS	P.O. BOX 274 N/A	2.3 STREET ADDRESS	538 Patricia Avenue	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	TIFFANY, VIVIAN	3.2 NAME	Sharon Gariano	
STREET ADDRESS	6709 ORCHARD DRIVE NORTH	3.3 STREET ADDRESS	4681 78th Avenue N.	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	Pinellas Park, FL 34665	
TITLE	VD	4.1 TITLE	V.D	☒ Change ☐ Addition
NAME	HARRIS, MICHELLE	4.2 NAME	Susie Shalor (Shalor)	
STREET ADDRESS	11400 4TH STREET N., 107	4.3 STREET ADDRESS	P.O. Box 274 NN	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	Lutz, FL 33549	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen Preston Karen Preston 4/24/95 (813)581-7556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096442