


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 17 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **759477** (3)

1. Corporation Name

**STERILIZATION OF UNWANTED PETS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>152 VERMONT AVE.<br/>CENTER HILL FL 33514</b> | Mailing Address<br><b>P.O. BOX 8457<br/>TAMPA FL 33674-8457</b> |
|---|---|

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> | 3. Date Incorporated or Qualified<br><b>08/05/1981</b> | 3a. Date of Last Report<br><b>05/01/1996</b>           |
|   |                                  | 4. FEI Number<br><b>59-2135888</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|                               |                               |   |
|-------------------------------|-------------------------------|---|
| 23. City & State<br><b>23</b> | 27. City & State<br><b>27</b> | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 24. Zip<br><b>24</b>          | 28. Zip<br><b>28</b>          | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |
| 25. Country<br><b>25</b>      | 29. Country<br><b>29</b>      | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|   |  |  |                        |
|---|--|--|------------------------|
| 9. Name and Address of Current Registered Agent<br><b>BATES, VIRGINIA J<br/>152 VERMONT AVE.<br/>CENTER HILL FL 33514</b> |  | 10. Name and Address of New Registered Agent           |                        |
|   |  | 81. Name   |                        |
|   |  | 82. Street Address (P.O. Box Number is Not Acceptable) |                        |
|   |  | 83.  |                        |
|   |  | 84. City   | <b>FL</b> 85. Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |  |   |  |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | <b>PTD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BATES, VIRGINIA J</b>                   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>152 VERMONT AVE,</b>                    | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>CENTER HILL FL 33514</b>                | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VT</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MCVOY, SCOTT</b>                        | 2.2 NAME  |  |
| STREET ADDRESS             | <b>6217 NORTH HUBERT</b>                   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                            | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ROLFE, DOROTHY E</b>                    | 3.2 NAME  |  |
| STREET ADDRESS             | <b>7201 NORTH GLEN AVENUE</b>              | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                            | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ADMIRE, LARRY E</b>                     | 4.2 NAME  |  |
| STREET ADDRESS             | <b>3703 SAN MIGUEL STREET NORTH</b>        | 4.3 STREET ADDRESS                                    | <b>3703 SAN MIGUEL STREET WEST</b>   |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>WELLS, GRACE</b>                        | 5.2 NAME  |  |
| STREET ADDRESS             | <b>209 WEST JEAN STREET</b>                | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                            | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  SIGNATURE REQUIRED 07/10/97 352/793-6937

CR2E037 (9/96)