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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 763978 (4)
1. Corporation Name
EASTERN STATES VETERINARY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2614 SW 34TH ST
STE 4
GAINESVILLE FL 32608
US

200 LAURA ST.
JACKSONVILLE FL 32202-3500
US

3. Date Incorporated or Qualified
06/30/1982

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F & L CORP.
200 LAURA ST.
JACKSONVILLE FL 32202

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RIPP, EARL H J
STREET ADDRESS 6717 CRESCENT BLVD. RT 130
CITY-ST-ZIP PENNSAUKEN NJ

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME GRAMBOW, RICHARD
STREET ADDRESS 3705 W. GENESEE STREET
CITY-ST-ZIP SYRACUSE NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P
NAME BACKE, RAYMOND
STREET ADDRESS 3840 S. MOORLAND ROAD
CITY-ST-ZIP NEW BERLIN WI

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SIGMON, BETSY
STREET ADDRESS 1800 E WILLIAMS ST
CITY-ST-ZIP APEX NC

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ST
NAME MICHEL, MAX
STREET ADDRESS 1707 WATTERSON TRAIL
CITY-ST-ZIP LOUISVILLE KY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME LITTLE, CHARLOTTE
STREET ADDRESS 1981 KEITH LANE
CITY-ST-ZIP GRAFTON WI

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (9/96)