

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90026 046 ****70.00

DOCUMENT # 763978

1. Corporation Name

EASTERN STATES VETERINARY ASSOCIATION, INC.

Principal Place of Business

4421 NW 39TH AVE
BLDG 1-A
GAINESVILLE FL 32606
US

Mailing Address

200 LAURA ST.
JACKSONVILLE FL 32202
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 4421 NW 39th Avenue

27 Suite, Apt. #, etc.

27 Building 1-A

28 City & State

Gainesville, FL 32606

29 Zip

Country

3. Date Incorporated or Qualified

06/30/1982

4. FEI Number

59-2243237

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$0.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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 617.0502 and 617.1506, 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 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

TITLE **VD** ☐ DELETE

NAME **RIPPIE, EARL H J**
STREET ADDRESS **6717 CRESCENT BLVD. RT 130**
CITY-ST-ZIP **PENNSAUKEN NJ**

TITLE **D** ☐ DELETE

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

TITLE **P** ☒ DELETE

NAME **KING, RALPH**
STREET ADDRESS **2209 VINSON MOUNTAIN ROAD**
CITY-ST-ZIP **ROCKMART GA 30153**

TITLE **D** ☐ DELETE

NAME **SIGMON, BETSY**
STREET ADDRESS **1600 E WILLIAMS ST**
CITY-ST-ZIP **APEX NC**

TITLE **ST** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **LITTLE, CHARLOTTE**
STREET ADDRESS **1961 KEITH LANE**
CITY-ST-ZIP **GRAFTON WI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ 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

D
Richard DeBowes
Kansas State University, VMTH
Manhattan, KS 66506

4.1 TITLE **V/D** ☒ 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

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 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 with all other like empowered.

SIGNATURE:

Max Michel **MAX MICHEL, DVM** **SIT 5/5/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0003830