SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

ANIMAL CARE CENTER



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Mailing Address

ANIMAL CARE CENTER

ANIMAL MEDICAL CLINIC OF PANAMA CITY BEACH, INC.

8905 FRONT BEACH ROAD 8905 FRONT BEACH ROAD DO NOT WRITE IN THIS SPACE PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 3. Date Incorporated or Qualified 07/06/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2424923 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCLELLAND, SCOTT D. 8905 FRONT BEACH RD. Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32407 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (2/38)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change L Addition CR2E034 NAME MCLELLAND, SCOTT D 1.2 NAME STREET ADDRESS 8905 FRONT BEACH ROAD 1.3 STREET ADDRESS PANAMA CITY BEACH FL 32407 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition SLEETH, CHARLES D NAME 2.2 NAME 8905 FRONT BEACH ROAD STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE __ DELETE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4 CITY-ST-ZIP

***150.00 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 this ennual 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 he information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applied to execute this report as required by Chapter 607, Florida Statutes; and that my name applied to execute this report as required by Chapter 607, Florida Statutes; and that my name applied to execute this report as required by Chapter 607, Florida Statutes; and that my name applied to the corporation of the corporation

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

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DELETE

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10000259893

-07/27/98--01004--043

FILED

Jul 24 1998 8:00am

Secretary of State

Change

Addition

Addition

Addition



8905 Front Beach Road Panama City Beach, FL 32407 Telephone: (904) 235-2877

pga

July 15, 1998

To Whom It May Concern:

We have just received our 1998 Profit Corporation Annual Report packet in the mail marked 2nd notice. After researching our files, we have no record of receiving a 1st notice, therefore we do not feel we should pay a late fee penalty. Enclosed is our check for \$150.00 and completed forms. If this is not satisfactory, please contact us by mail or phone as soon as possible. Thank you for your consideration in this matter.

Address: Animal Medical Clinic of Panama City Beach, Inc.

Animal Care Center 8905 Front Beach Rd. Panama City Beach, FL 32407

Phone: (850)235-2877 Fax: (850)234-2298

Sincerely,

Charles D. Sleeth, D.V.M.

Vice Fresident