

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90013 044 ***150.00

DOCUMENT # H12652

1. Corporation Name
ADVENTURE ANIMAL HOSPITAL, INC.

Principal Place of Business
8704 JACKSON SPRINGS ROAD
TAMPA FL 33615

Mailing Address
8704 JACKSON SPRINGS ROAD
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1984

4. FEI Number

59-1845146

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BONSACK, FRANK A.
8704 JACKSON SPRINGS ROAD
TAMPA FL 33615

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

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

FRANK A. BONSACK, President

DATE

3/31/99

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DPT
STREET ADDRESS BONSACK, FRANK A.
CITY-ST-ZIP 9035 ARNDALE CIR 8200 Westridge Drive
TAMPA FL 33615

TITLE ☐ DELETE
NAME DVS
STREET ADDRESS BONSACK, BARBARA G.
CITY-ST-ZIP 9035 ARNDALE CIR 8200 Westridge Drive
TAMPA FL 33615

TITLE ☐ DELETE
NAME DV
STREET ADDRESS HULL, MARIA I.
CITY-ST-ZIP 9035 ARNDALE CIRCLE 5611 Forest Haven Circle
TAMPA FL 33615 #105

TITLE ☐ DELETE
NAME VD
STREET ADDRESS BEST, KATHY A.
CITY-ST-ZIP 9035 ARNDALE CIRCLE 111 Hunters Glen
TAMPA FL 75904 Lufkin, TX.

TITLE ☐ DELETE
NAME VD
STREET ADDRESS BONSACK, FRANK C
CITY-ST-ZIP 9035 ARNDALE CIR 8200 Westridge Drive
TAMPA FL 33615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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

4.1 TITLE ☐ 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 607, 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:

FRANK A. BONSACK

3/31/99

813-885-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0400467