

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

**FILED**  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **J64889** (5)  
1. Corporation Name  
**ANIMAL SERVICES OF FLORIDA, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>569 STUART LANE JACKSONVILLE FL 32254 US</b>			2a. Mailing Address <b>569 STUART LANE JACKSONVILLE FL 32254 US</b>			3. Date Incorporated or Qualified <b>04/01/1987</b>		
21. Suite, Apt. #, etc.			2b. Suite, Apt. #, etc.			4. FEI Number <b>59-2805284</b>		
22. City & State			2c. City & State			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
23. Zip			2d. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
24. Country			2e. Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>LINDSEY, JOHN H. 569 STUART LANE JACKSONVILLE FL 32254</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 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		(NOTE: Registered Agent signature required when reinstating)			DATE								
12. OFFICERS AND DIRECTORS							13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	DP <b>LINDSEY, JOHN H. 569 STUART LANE JACKSONVILLE FL</b>			<input type="checkbox"/> DELETE			1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, GENE W.			<input type="checkbox"/> DELETE			1.2 NAME						
STREET ADDRESS	569 STUART LANE.						1.3 STREET ADDRESS						
CITY - ST - ZIP	JACKSONVILLE FL						1.4 CITY - ST - ZIP						
TITLE	D <b>LINDSEY, KATHERINE C. 569 STUART LANE. JACKSONVILLE FL</b>			<input type="checkbox"/> DELETE			2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDSEY, KATHERINE C.						2.2 NAME						
STREET ADDRESS	569 STUART LANE.						2.3 STREET ADDRESS						
CITY - ST - ZIP	JACKSONVILLE FL						2.4 CITY - ST - ZIP						
TITLE				<input type="checkbox"/> DELETE			3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME							3.2 NAME						
STREET ADDRESS							3.3 STREET ADDRESS						
CITY - ST - ZIP							3.4 CITY - ST - ZIP						
TITLE				<input type="checkbox"/> DELETE			4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME							4.2 NAME						
STREET ADDRESS							4.3 STREET ADDRESS						
CITY - ST - ZIP							4.4 CITY - ST - ZIP						
TITLE				<input type="checkbox"/> DELETE			5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME							5.2 NAME						
STREET ADDRESS							5.3 STREET ADDRESS						
CITY - ST - ZIP							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 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.

SIGNATURE: *[Handwritten Signature]* 2-48-98      904 786 5195

CR2E034 (10/97)