

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K00771** (1)

1. Corporation Name

ANIMAL EMERGENCY CLINIC OF CENTRAL BREVARD, INC.



Principal Place of Business

**1295 SOUTH U.S. 1
ROCKLEDGE FL 32955**

Mailing Address

**1295 SOUTH U.S. 1
ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified
11/06/1987

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2858866

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNARD, R. E.
333 MINUTEMAN CSWY
COCOA BCH FL 32932**

81 Name

Holt, James

82 Street Address (P.O. Box Number is Not Acceptable)

771 Clearlake Rd.

83

Cocoa

84 City

Cocoa

FL

85 Zip Code

32922

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, if applicable)

(NOTE: Registered Agent signature required after 12/31/96)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P BERNARD, R. E.
STREET ADDRESS
333 MINUTEMAN CSWY
CITY-ST-ZIP
COCOA BCH FL

TITLE ☐ DELETE

NAME
V HOLT, JAMES
STREET ADDRESS
771 CLEARLAKE RD
CITY-ST-ZIP
COCOA FL

TITLE ☐ DELETE

NAME
TS MADYDA, LINDA
STREET ADDRESS
1934 FISKE BLVD
CITY-ST-ZIP
ROCKLEDGE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
P Holt, James
12 NAME
771 Clearlake Rd
13 STREET ADDRESS
Cocoa, FL 32922
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME
V madyda, Linda
23 STREET ADDRESS
1934 Fiske Blvd.
24 CITY-ST-ZIP
Rockledge, FL 32955

31 TITLE ☒ Change ☐ Addition

32 NAME
TS Sisserson, Thomas
33 STREET ADDRESS
230 Fortenberry Rd.
34 CITY-ST-ZIP
Merritt Island, FL 32953

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96

Date

Daytime Phone #

CR2E034 (12/95)