

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 PH 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K69906

(1)

1. Corporation Name

STEELE ANIMAL HOSPITAL, P.A.

Principal Place of Business

5305 SEMINOLE BLVD.
SEMINOLE FL 33708

Mailing Address

5305 SEMINOLE BLVD.
SEMINOLE FL 33708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1989

3a. Date of Last Report

04/04/1994

4. FEI Number

59-2923287

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

STEELE, DIANNE M.
5305 SEMINOLE BLVD.
ST. PETERSBURG FL 33708

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 607.1608, 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 of Registered Agent or Director)

(NOTE: Registered Agent signature required when not/other)

DATE

12. OFFICERS AND DIRECTORS

101
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
STEELE, DIANNE, D.V.M.
5305 SEMINOLE BLVD.
SEMINOLE FL

102
NAME
STREET ADDRESS
CITY, ST, ZIP

103
NAME
STREET ADDRESS
CITY, ST, ZIP

104
NAME
STREET ADDRESS
CITY, ST, ZIP

105
NAME
STREET ADDRESS
CITY, ST, ZIP

106
NAME
STREET ADDRESS
CITY, ST, ZIP

107
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 prior to the filing of this report. 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 in an attachment with an address.

SIGNATURE: Dianne Steele, DVM

SIGNATURE AND TYPED OR PRINTED NAME OF WINNING OFFICER OR DIRECTOR

Dianne Steele

2/22/95

(Date)

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