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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name M88873

(8)

TRI-COUNTY VETERINARY SERVICE, INC.

FILED May 04 1998 8:00am Secretary of State



	ce of Business	Mail	lina Address						
Principal Place of Business Mailing Address 22211 W NEWBERRY RD. 22211 W. NEWBERRY RD.				DD.					
NEWBERRY FL 32969-9700 US			22211 W. NEWBERRY RU. NEWBERRY FL 32669-9700 US			DO NOT WRITE IN THIS SPACE			
2. Principal F	Place of Business	2a. 1	Mailing Address			4. FEI Number		1 12	Applied For
1		26	· ·			59-2896580			loi Applicab
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.		-				Additional
2		27				5. Certificate of Status Desired		Fee F	Periupe
City & Stat	ile	⊢ ,	City & State			6. Election Campaign Financing		\$5.00	May Be
Zip	Country	28	7 _{IP}	Countr		Trust Fund Contribution	<u> </u>		to Fees
4	25	29	, ib	30	у	This corporation owes or has Personal Property Tax due Ju			ntangible No
<u></u>	9. Name and Address of Curi		red Agent	30]		10. Name and Address of New			L] NO
FR	RANEY, BRENDA			81	Name			•	,
	211 W. NEWBERRY RD.			82	Stroot Add	dress (P.O. Box Number is Not Accept	toblo)		
	EWBERRY FL 32669					Gross (F.O. DOX MUNIDER IS NOT ACCED.	(a)(e)		
				83					
				84	City			85 Zip	Code
					1 1		FL	1 1 '	
11. Purs uant office or r	t o the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607 de of Florida	'.1508, Florida Sta l . Such change wa	tutes, the abov s authorized b	re-named cor	rporation submits this statement for the ation's board of directors. I hereby acc	e purpose of c	changing	its registere
agent. I a	am familiar with, and accept the ob-	ligations of, S	Section 607.0505,	Florida Statute	S.	and the district of an estate of the test and	sopi ino uppo	moneric a	3 registered
SIGNATURE									
					·				
	Signature, typed or printed name of registered : OFFICERS A				ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO	RS (N. 12
2	Signature, typed or printed name of registered in OFFICERS A			OTE: Begistered Ag 13. 1.1 TITLE	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND		
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