

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL 20 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N13684** (8)

1. Corporate Name  
**ANIMAL EMERGENCY CLINIC, INC.**

Principal Place of Business: **% MICHAEL S. EDENFIELD, ESQUIRE  
206 MASON ST.  
BRANDON FL 33511**

Mailing Address: **% MICHAEL S. EDENFIELD, ESQUIRE  
206 MASON ST  
BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1986**

3a. Date of Last Report: **02/03/1994**

4. FEI Number: **59-2697210**

Applied For:  Not Applicable:

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt #, etc: **22 757 Brandon Blvd W**

Suite, Apt #, etc: **27 757 Brandon Blvd W**

City & State: **23 Brandon FL**

City & State: **28 Brandon FL**

Zip: **24 33511**

Country: **25 USA**

Country: **29 USA**

Country: **30 USA**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**EDENFIELD, MICHAEL S.  
206 MASON ST.  
BRANDON FL 33511**

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 607.0509 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of Agent or Director)

(Signature of Registered Agent)

(Signature of Secretary of State)

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(Signature of Secretary of State)

*\$ Deposited by Bank 7/20/95 USA*

SIGNATURE: *Robert Encinoso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/95

654-3013

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1995



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

APPROVED  
 AND  
 FILED

SEP 10 20 PM 2:59

DOCUMENT # **N13840** (6)

1. Corporate Name  
**HOME OWNERS ASSOCIATION OF ST. JOHNS RIVERSIDE E STATES, UNIT 2, INC.**

Principal Place of Business Mailing Address  
**C/O WILLIAM E. FORD** **C/O BETTY CONGER**  
**P.O. BOX 257** **P.O. BOX 379**  
**SATSUMA FL 32189** **SATSUMA FL 32189**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/14/1986** 3a. Date of Last Report **04/07/1994**  
 4. FEI Number **59-2767601** Applied For   
 Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Finance and Trust Fund Contributions  **\$5.00 May Be Added to Fees**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **5/8**  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 100.037 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip  
 24 County 25 County 29 County 30 County

9. Name and Address of Current Registered Agent  
**CONGER, BETTY A.**  
**101 ALDER LANE**  
**P.O. BOX 379**  
**SATSUMA FL 32189**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 617.0503 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>FORD, WILLIAM E.</b>
STREET ADDRESS	<b>113 HUDSON DRIVE</b>
CITY, ST, ZIP	<b>SATSUMA FL</b>
TITLE	<b>T</b>
NAME	<b>LABSHERE, CAROL</b>
STREET ADDRESS	<b>108 RALEIGH AVENUE</b>
CITY, ST, ZIP	<b>SATSUMA FL</b>
TITLE	<b>S</b>
NAME	<b>BASSO, AUDREY</b>
STREET ADDRESS	<b>112 FOLKLORE</b>
CITY, ST, ZIP	<b>SATSUMA FL</b>
TITLE	<b>D</b>
NAME	<b>PETERSON, ROBERT</b>
STREET ADDRESS	<b>233 FOLKLORE</b>
CITY, ST, ZIP	<b>SATSUMA FL</b>
TITLE	<b>TD</b>
NAME	<b>TAME, ERNEST</b>
STREET ADDRESS	<b>108 HUDSON DRIVE</b>
CITY, ST, ZIP	<b>SATSUMA FL</b>
TITLE	<b>T</b>
NAME	<b>CONGER, BETTY</b>
STREET ADDRESS	<b>101 ALDER LANE</b>
CITY, ST, ZIP	<b>SATSUMA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>100001544641</b>
13 STREET ADDRESS	<b>-07/25/95--01016--009</b>
14 CITY, ST, ZIP	<b>****130-00 ****130-00</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>SATSUMA, FL.</b>
23 STREET ADDRESS	<b>ROB PETERS EN</b>
24 CITY, ST, ZIP	<b>233 FOLKLORE</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>MIVE OSBORN</b>
33 STREET ADDRESS	<b>120 BARTER RD.</b>
34 CITY, ST, ZIP	<b>SATSUMA, FL.</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>GARY POWING</b>
43 STREET ADDRESS	<b>125 TREASURE II.</b>
44 CITY, ST, ZIP	<b>SATSUMA, FL.</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>S/T BETTY CONGER</b>
53 STREET ADDRESS	<b>101 ALDER LN.</b>
54 CITY, ST, ZIP	<b>SATSUMA, FL.</b>

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition listed with an addition.

SIGNATURE: **BETTY CONGER** *Betty Conger*  
 SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 10, 1995 '04-649-4082

CR2E037 (3/95)