

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000011483 (4)

1. Corporation Name

THE ANIMAL CARE CENTER OF PASCO COUNTY, INC.

Principal Place of Business

4118 LITTLE ROAD
NEW PORT RICHEY FL 34655

Mailing Address

4118 LITTLE ROAD
NEW PORT RICHEY FL 34655

APPROVED
AND
FILED

53 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 04/06/1994
4. FEI Number 59-3153271	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
7. This corporation has liability for filing this report as required by Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

WEHR, ROBERT P
4118 LITTLE ROAD
NEW PORT RICHEY FL 34655

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 the terms 1977 (1992) and 607 (1994), 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 I accept the provisions of Sections 607 (1994) Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not a corporation)

Signature of Registered Agent (If Registered Agent is a corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	WEHR, ROBERT P	1. NAME	Griffin, David R.
2. STREET ADDRESS	1521 JADE LANE	2. STREET ADDRESS	12510 Twin Branch Acres Rd.
3. CITY, ST, ZIP	TARPON SPRINGS FL	3. CITY, ST, ZIP	Tampa, FL 33626
4. NAME		4. NAME	S, T
5. STREET ADDRESS		5. STREET ADDRESS	WEHR, Robert P.
6. CITY, ST, ZIP		6. CITY, ST, ZIP	1521 Jade Lane
7. NAME		7. NAME	Tarpon Springs, FL 34689
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST, ZIP		15. CITY, ST, ZIP	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST, ZIP		18. CITY, ST, ZIP	
19. NAME		19. NAME	
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY, ST, ZIP		21. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 197 (1992) Florida Statutes. I further certify that the information furnished 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 eligible officer or director of this corporation, or the owner or transfer agent, or someone who reports on behalf of the corporation as required by Chapter 197, Florida Statutes, and that my name appears in the name of the corporation or the name of the transfer agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT P WEHR

4/20/95

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