FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address
750 SOUTH NOVA RD.

ORMOND BEACH FL 32174-7333

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

ORMOND BEACH FL 32174

SIGNATURE:

750 SOUTH NOVA RD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012093 (0)

TOMOKA PINES VETERINARY HOSPITAL, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1993 04/24/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3155767 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, RALPH N JR. 750 SOUTH NOVA RD. Street Address (P.O. Box Number is Not Acceptable) **ORMOND BEACH FL 32174** 83 84 City Zip Code 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 Sitgmature, type dute printed name of registers diagent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ D€ LETE 11 TITLE Change Addition TELL TAYLOR, RALPH N JR. 1.2 NAME NAME 750 SOUTH NOVA RD. STREET ADDRESS 1.3 STREET ADORESS ORMOND BEACH FL 32174 CHY-ST - ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ACCRESS 23 STREET ADDRESS C-FY - SY ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition THUE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY+ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City - St - ZiP 4.4 CITY - ST - ZIP DELETE Change Addition TATLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-S1-20P 5.4 CITY - ST - ZIP DELETE TIFLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS Off Y-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 33 in changed, or on an attachment with an address.

Vay the

FILED Jan 29 1997 8:00am Secretary of State



20 Jan. 1987 904-672-8137