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FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000036875 (1)**

1. Corporation Name

PET DOC VACCINE, INC.

Principal Place of Business

**3521 FORSYTH ROAD
WINTER PARK FL 32792**

Mailing Address

**3521 FORSYTH ROAD
WINTER PARK FL 32792-7422**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

04/03/1996

4. FEI Number

59-3193256

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

9. Name and Address of Current Registered Agent

**ADKINS, B L
3521 FORSYTH RD
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name

Larry Adkins

82 Street Address (P.O. Box Number is Not Acceptable)

3521 Forsyth Road

83

84 City

Winter Park

FL

85 Zip Code

32792

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

Larry Adkins
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **ADKINS, B L**
STREET ADDRESS **3521 FORSYTH ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **V** ☐ DELETE

NAME **ADKINS, LARRY**
STREET ADDRESS **3521 FORSYTH ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **V** ☒ DELETE

NAME **SWEENEY, PATRICK**
STREET ADDRESS **3521 FORSYTH ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **V** ☐ DELETE

NAME **MARTINEZ, MARGARET**
STREET ADDRESS **3521 FORSYTH ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **V** ☐ DELETE

NAME **PRESTON, BRUCE**
STREET ADDRESS **3521 FORSYTH ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **V** ☒ DELETE

NAME **PRESTON, ROBERT**
STREET ADDRESS **3521 FORSYTH ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**President
Adkins, Larry
3521 Forsyth Rd
Winter Park FL 32792**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry Adkins
Signature, typed or printed name of registered agent and title if applicable.

4/25/97

4/25/97

CR2E034 (9/96)