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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036875 (1)

PET DOC VACCINE, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3521 FORSYTH ROAD WINTER PARK FL 32782 3521 FORSYTH ROAD WINTER PARK FL 32782 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/21/1993</u> Applied For Principal Place of Business 2a. Mailing Address Not Applicable 21 26 <u>59-3193256</u> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ADKINS, LARRY 3521 FÖRSYTH RD 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792 83 84 City Zip Code 85 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 Signature, typed or proded name of registered agost and life if applicable (NO!): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE **ADKINS, LARRY** NAME 1.2 NAME 3521 FORSYTH ROAD STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MARTINEZ, MARGARET NAME 2.2 NAME 3521 FORSYTH ROAD STREET ADDRESS 2.3 STREFT ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PRESTON, BRUCE NAME 3.2 NAME 3521 FORSYTH ROAD STREET ADDRESS 3.3 STREET ADDRESS WINTER PARK FL 32792 3.4. CITY-ST-ZIP CITY-ST-2IP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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.

4-7.80