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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000048224 (8)

1. Corporation Name
KINGS TRAIL ANIMAL HOSPITAL, P.A.



Principal Place of Business

8131 OLD KINGS RD. SOUTH
JACKSONVILLE FL 32217

Mailing Address

8131 OLD KINGS RD. SOUTH
JACKSONVILLE FL 32217-4520

3. Date Incorporated or Qualified
06/30/1993

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3192589

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

MOORE, C E JR
8131 OLD KINGS ROAD SOUTH
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name C. Everett Moore, Jr.

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

Same

84 City

FL

85 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 C. Everett Moore, Jr.

Signature of typewritten name of registered agent and title if applicable

(Not required if registered agent signature required when reinstating)

DATE 4/18/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME MOORE, EVERETT C JR
STREET ADDRESS 8131 OLD KINGS RD., SOUTH
CITY- ST- ZIP JACKSONVILLE FL

☐ DELETE

TITLE S
NAME MOORE, EVERETT C JR
STREET ADDRESS 8131 OLD KINGS RD., SOUTH
CITY- ST- ZIP JACKSONVILLE FL

☐ DELETE

TITLE T
NAME MOORE, SANDRA B
STREET ADDRESS 8131 OLD KINGS ROAD 5
CITY- ST- ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/97 904-731-8410

CR2E034 (9/96)