

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 03 1997 8:00am
Secretary of State

DOCUMENT # P93000063752 (8)

1. Corporation Name

FLORAL CITY ANIMAL CLINIC, P.A.

Principal Place of Business

4474 HWY 41 SOUTH
SUITE D
INVERNESS FL 34450
US

Mailing Address

4474 HWY 41 SOUTH
SUITE D
INVERNESS FL 34450
US



3. Date Incorporated or Qualified

09/14/1993

3a. Date of Last Report

02/27/1996

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

4. FEI Number

59-3200168

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

REBMAN, DANIEL K
7373 S. BAKER AVENUE
FLORAL CITY FL 34436

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 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 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 MOUNGER, JOHN V.
STREET ADDRESS RT E BOX 165
CITY - ST - ZIP BUSHNELL FL

TITLE ST ☐ DELETE

NAME REBMAN, DANIEL K
STREET ADDRESS 7373 S. BAKER AVENUE
CITY - ST - ZIP FLORAL CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, S ☒ Change ☐ Addition

1.2 NAME REBMAN, DANIEL K
1.3 STREET ADDRESS 7373 S. Baker Avenue
1.4 CITY - ST - ZIP FLORAL CITY, FL 34436 ☐ Change ☒ Addition

2.1 TITLE VP., T

2.2 NAME THERESA W. REBMAN
2.3 STREET ADDRESS 7373 S. BAKER AVENUE
2.4 CITY - ST - ZIP FLORAL CITY, FL 34436 ☐ Change ☐ Addition

3.1 TITLE

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:

Theresa W. Rebman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/97

Daytime Phone: 860-2441

CR2E034 (9/96)