

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000070355 (1)

1. Corporation Name

VENICE PET CENTER, INC.



Principal Place of Business

1846 S. TAMiami TRAIL  
UNIT 6  
VENICE FL 34293

Mailing Address

1846 S. TAMiami TRAIL  
UNIT 6  
VENICE FL 34293

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/08/1993

3a. Date of Last Report

07/18/1995

4. FEI Number

65-0445225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

HEATH, ALAN N  
1846 S. TAMiami TRAIL  
UNIT 6  
VENICE FL 34293

81 Name

HEATH, ALAN

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

1846 S. TAMiami TRAIL

83

UNIT 6

84 City

VENICE

FL

85 Zip Code

34293

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

*Alan N. Heath*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature Required when reinstating)

DATE:

5-20-96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KIRBY, CATHERINE  
STREET ADDRESS 305 N. HAVANA ROAD  
CITY-ST-ZIP VENICE FL 34292 ☒ 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

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 PRES. ☐ Change ☒ Addition  
1.2 NAME ALAN HEATH  
1.3 STREET ADDRESS 1846 S. TAMiami TRAIL #6  
1.4 CITY-ST-ZIP VENICE FL 34293

2.1 TITLE V. PRES. T. S. ☐ Change ☒ Addition  
2.2 NAME MELINDA HEATH  
2.3 STREET ADDRESS 1846 S. TAMiami TRAIL #6  
2.4 CITY-ST-ZIP VENICE FL 34293

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

5-20-96 (941) 497-2566

DATE:

DAYTIME PHONE #

CR2E034 (12/95)