

2-27-98 B 2615 C

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

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Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000065273 (2)

1. Corporation Name
LARGE ANIMAL ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1224 FLORIDA AVENUE ST. CLOUD FL 34769 1510 Henry Partin Rd. Kissimmee FL 34744		1224 FLORIDA AVENUE ST. CLOUD FL 34769 SAME	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/06/1994	59-3265345
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	Applied For <input type="checkbox"/>
23 Zip	28 Zip	8.75 Additional Fee Required	Not Applicable
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	5.00 May Be Added to Fees
24	29	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAUGHREY, TODD K. 1224 FLORIDA AVE. ST. CLOUD FL 34769 1510 Henry Partin Rd. Kissimmee FL 34744		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LAUGHREY, TODD K DVM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1224 FLORIDA AVENUE 1510 Henry Partin Rd	1.2 NAME	
STREET ADDRESS	ST. CLOUD FL 34769 Kissimmee FL 34744	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Todd K. Laughrey DVM 2-20-98 407983-8203

CR2E034 (10/97)