

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # *P95000053448*
1. Corporation Name

Florida Equine Veterinary Services, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **07/03/95** 3a. Date of Last Report

2. Principal Place of Business
21. **2033 Main Street**
Suite, Apt. #, etc.
22. **Suite 400**
City & State
23. **Sarasota, FL**
Zip Country
24. **34237**

2a. Mailing Address
26. **P.O. Box 4156**
Suite, Apt. #, etc.
27.
City & State
28. **Plant City, FL**
Zip Country
29. **33564-4156** 30.

4. FEI Number **59-3324665** 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
Lawrence M. Hankin
Attorney at Law
2033 Main Street, Suite 400
Sarasota, FL 34237

10. Name and Address of New Registered Agent
81. Name **Erin L. Jones**
82. Street Address (P.O. Box Number is Not Acceptable) **600 Lundy Road Unit 8**
83.
84. City **Auburndale** FL 85. Zip Code **33823**

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 *Erin Jones* **Erin Jones - President** DATE **4-10-96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	P Erin Jones, DVM
3. STREET ADDRESS	600 Lundy Rd #8
4. CITY - ST - ZIP	Auburndale FL 33823
14. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	VP Robert Jones
23. STREET ADDRESS	600 Lundy Rd #8
24. CITY - ST - ZIP	Auburndale FL 33823
24. CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	Erin Jones
33. STREET ADDRESS	600 Lundy Rd #8
34. CITY - ST - ZIP	Auburndale FL 33823
34. CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Robert Jones
43. STREET ADDRESS	600 Lundy Rd #8
44. CITY - ST - ZIP	Auburndale FL 33823
44. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	000001883380
53. STREET ADDRESS	-07/03/96-01051-019
54. CITY - ST - ZIP	***200.00
54. CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

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: *Erin Jones* **Erin Jones** DATE **4-10-96** **X 813-651-9676**

082E034 (12/95)