

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

FILED

Apr 09 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 # P95000071098 (4)

1. Corporation Name  
KINDNESS ANIMAL CARE, INC.



Principal Place of Business

761 SE PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE FL 34984

Mailing Address

761 SE PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified  
09/11/1995

3a. Date of Last Report  
08/29/1996

2. Principal Place of Business

21 773 SE. PORTAGE AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 773 SE. PORTAGE AVE.  
Suite, Apt. #, etc.

4. FEI Number

65-0608996

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

22 City & State

23 PORT ST. LUCIE, FL

24 34984

25 USA

27 City & State

28 PORT ST. LUCIE, FL

29 34984

30 U.S.A

9. Name and Address of Current Registered Agent

SPINK, RONDA  
761 SE PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent

81 Name

SPINK, RONDA

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

773 SE. PORTAGE

83

84 City

PORT ST. LUCIE

FL

85 Zip Code

34984

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 *Ronda H. Spink*  
Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D ☐ DELETE  
1.2 NAME SPINK, RONALD R  
1.3 STREET ADDRESS 761 SE PORT ST. LUCIE BOULEVARD  
1.4 CITY - ST - ZIP PORT ST. LUCIE FL 34984

2.1 TITLE ☐ DELETE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ DELETE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ DELETE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ DELETE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ DELETE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME RONDA SPINK  
1.3 STREET ADDRESS 773 SE. Portage Ave  
1.4 CITY - ST - ZIP Port St. Lucie, FL 34984

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
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: *Ronald R. Spink*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-97 561-340-0224  
Date Daytime Phone #

0627187

CR2E034 (9/96)