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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000070193 (3)

VETEREX, INC.

FILED Apr 22 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Ad	Mailing Address 1430 BRICKYARD ROAD							6:00 litt (86)	
1430 BRICKY	ARD ROAD	1430 BR#									
CHIPLEY FL	32428	CH#PLEY FL 32428					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified	113 31	HUE		
							'				
9 Principal P	lace of Business	On Moiling	Addropp				08/29/1996 4. FEI Number		- 1 · · · .	had for	
	IdCe Of Business	2a. Mailing Address						Applied For Not Applicable			
21 Suite, Apt.	# plc	26					59-3399562				
22	#, 0 (C.	<u>├</u>	27				5. Certificate of Status Desired			Additional Regulred	
City & Stat	Α	City & State					6 Figure Compains Figure 6				
23	·	28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	7ip		Cour	ntrv						
24	25	29		30	,		 This corporation owes or has paid the Personal Property Tax due June 30. 		•	No No	
[24]	9. Name and Address of Curre		gent	1301			10. Name and Address of New Registe				
AN		3 ,			81	Name					
	DERSON, TODO										
1430 BRICKYARD ROAD CHIPLEY FL 32428				[1	82 Street Address (P.O. Box Number is Not Acceptable)						
l Cu	IIPLET FL 32428				83						
					ا "						
				Ī	84	City		-,	85 Zip	Code	
		007.4500						~L			
i 11. Pursuant	to t ne p rovisions of Sections 607,05 'e oister ed agent, or both, in the Stat	บว ลกอ ธบ7.1508 e of Florida. Suct	s, Florida Statuti h change was a	es, the abi authorized	ove- l by t	named corp the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se or ci appoir	nanging itment a	s registered	
agent la	m familiar with, and accept the oblig	jations of, Sectio	n 607.0505, Flo	orida Statu	ites.		, , , , , , , , , , , , , , , , , , , ,				
SIGNATURE											
	Signature, typed or printed name of registered an	ent and falle if Applicab ND DIRECTORS	ile (NOTI		Agent	Figuature requir	red when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		IDECTO	IDC IN 10	
12.	PD	ND DIRECTORS	DELETE	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS		Change		
·	ANDERSON, TODD E		DEFENE					٠	_ Orlange		
NAME				1.2 NAM						1:	
STREET ADDRESS CITY-ST-ZIP 1430 BRICKYARD ROAD CHIPLEY FL 32428			1.3 STREET ADDRESS						Į!		
CITY-ST-ZIP	STD		DELETE	1.4 City 2.1 TiTL		ZIP			Change	Addition	
TITLE			L. DELLIE	4		-		_) Unange	Z ADDITION	
NAME	GEORGE, KIMBALL			2.2 NAN							
STREET ADDRESS	1430 BRICKYARD ROAD					DORESS					
CITY-ST-ZIP	OHIPLEY FL 32428		DELETE	2. 4 CIT		- ZIP			Channa	Addition	
TITLE	VD CARY DOM		□ Director	3.1 TITL				L] Change	☐ Addition	
NAME	GEORGE, GARY DON			3.2 NAM							
STREET ADDRESS	1430 BRICKYARD ROAD					DDRESS				ľ	
CITY-ST-ZIP	CHIPLEY FL 32428		T DELETE	3.4. CIT		- ZIP		<u>F</u>	1 0	A 4.222	
TITLE			DELETE	4.1 TITL				<u>_</u>	j Change	☐ Addition	
NAME	SHEPHERD, PETER			4. 2 NA							
STREET ADDRESS	1430 BRICKYARD ROAD			4.3 STR	REET A	DORESS					
CITY-ST-ZIP	OHIPLEY FL 32428		- 15 m	4.4 CITY	Y-ST-	ZIP			1-2:		
TITLE			DELETE	5.1 TITL		ļ		L	Change	☐ Addition	
NAME				5.2 NAN						[
STREET ADDRESS				5.3 STR	IEET AI	DDRESS)	
CITY-ST-ZIP				5.4 CITY	Y-ST-	ZIP					
TITLE			DELETE	6.1 TITL	.E			L] Change	☐ Addition	
NAME				6.2 NAM	Æ					ļ	
STREET ADDRESS				6.3 STR	EET AL	DDRESS					
CITY-ST-ZIP	<u> </u>			6.4 C/TY	Y- ST-	ZIP		_		<u> </u>	
	pertify that the information supplied a	with this filing doe	es not qualify fo	or the ever	mntic	on stated in	Section 119 07(3)(i) Florida Statutes, Lifurthe	r certif	v that th	e information	

Indicated on this annual report or supplied with this minig does not quality for the excription 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 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

ThV/

TOME Address

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