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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

P96000101919 (4)

VILLAGE PETS, INC.

Principal Place of Business Mailing Address 980 12TH ST 900 12TH ST VERO BEACH FL 32980 VERO BEACH FL 32960 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/17/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0723744 Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intancible Personal Property Tax due June 30. 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROTHE, ROBERT R 960 12TH ST 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 83 City Zip Code 85 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition ROTHE, ROBERT R NAME 1.2 NAME 960 12TH ST STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ■ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME

Thereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this annual report or supplemental annual report is true and accurate and that myster officer or director of the corporation or the receiver or trustee empowered to execute this report as Section 119.07(3)(i), Florida Statutes. I further certify that the information e shall have the same legal effect as if made under oath; that I am an ired by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of the receiver or trustee empowered to execu-Block 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY - ST-ZIP

54 CITY-ST-ZIP

61 TITLE

62 NAME

KUBERT KOTHE

DELETE

FILED Apr 16 1998 8:00am Secretary of State



☐ Change

4/9/98 (54) 519-4563

Addition