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

May 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Morham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # 1. Corporation Name P97000044047 (3) VET N' PET, INC. Principal Place of Business Mailing Address 1211 N PINE HILLS RD 1211 N PINE HILLS RD ORLANDO FL 32808 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1997 Applied For Not Applicable Suite Aot #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\square\) No Country Personal Property Tax due June 30. Name and Address of New Registered Agent nt Registered Agent 81 Name ASSAD, SUZAN G 1211 N PINE HILLS RD 82 Street Address ORLANDO FL 32808 83 City 84 Zip Code 85 11. Pursuant to the provisions of so-office or registered agent of bo-agent. I am familiar with, and ag 02 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered e of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered gations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 542 a M.G.ASSAD 1.1 1046 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-7IP Addition TITLE 21 11116 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS C(TY-ST-ZIP 5.4 CITY - \$1 - ZIP 6.1 TiTLE \ / -DELETE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing indicated on this annual report or suppliemental annual officer or director of the corporation or the receiver or truth Block 12 or Block 13 if changed, or on an attachment with not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath, that I am an Inversed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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