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PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90014 031 ***150.00

1999

DOCUMENT # P98000032215

1. Corporat on Name

CRITTER CARE OF BREVARD, INC.

Principal Place of Business	Mailing Address
410 NORA A/E.	410 NORA AVE.



City & State County Coun	Principal Plac	ce of Business	Mailing Address			
2. Principal Plane of Busheps 2. Principal Plane of Busheps 3. Date incorporated or Qualified 4. A FRA Interest Odd Color of Satus Desired 4. FRA Interest Odd Color of Satus Desired 5. Certificitie of Status Desired 6. Election Companyin Francing 7. Status Desired						
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Sulle, Agir 6, etc. Sulle, Agir 7, etc. Sulle, Agir 8, etc. Sulle, Ag	A Principal C	Place of Business & A	3- Mailing Address	~ ` `		Applied For
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Country 28 Country 28 Country 28 Country 29 Coun	·····	. #, etc.			5. Certificate of Status Desired	•
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Zip Country 20	\neg \wedge	. 11	\vdash	T	1 1	•
BOYD, JOEL E T380 MURRELL RD, SUTTE 100 MISLBOURNE FL 32940 11. Pursuant to the provisions of Scatture 607 0707; and 607 1509. Florida Statutes, the above-named of position submits this statement for the purpose of schanging its registered gent. I am familiar with, and ar cept the obligations of, Section 607.0505, Florida Statutes, the above-named or position submits this statement for the purpose of schanging its registered gent. I am familiar with, and ar cept the obligations of, Section 607.0505, Florida Statutes, such change was subtracted by the corporation submits this statement for the purpose of changing its registered gent. I am familiar with, and ar cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS ANI) DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS. WID DIRECTORS IN TIZE TITLE DIRECTORS SIGNATURE UNDER TITLE HUGGINS, HARKEY B III 11 TITLE 12 TITLE 14 TITLE 14 TITLE 14 TITLE 15 TITLE 16 Change Addition DELETE 17 TITLE 18 TITLE 19 DELETE 18 TITLE 19 DELETE 19 DELETE 19 DELETE 11 TITLE 10 Change Addition 12 TITLE 13 TITLE 14 TITLE 15 T				Country		
9, Name and Add was of Current Registered Agent BOYD, JOEL E 7380 MURRELL RD, SUTE 100 MIEBOURNE FL 32940 82 Street Address (P.O. Box Number is Not Acceptable) 83	≕ ^ຊ ວິ ∕ ດ	ノクハ ローバグト		L21 1		
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BOYD, JOEL E 7280 MURRELL RD., SUITE 100 MIELBOURNE FL 32940 82 Street Address (P.O. 80x Number is Not Acceptable) 83 84 City FL 85 Zip Cride 11. Pursuant to the provisione of Scictore 607.0502 and 607.1508, Florida Statules, the above-named or poration submits this statement for the purpose of changing its rajistered agent. and familiar with, and ar cept the obligations of, Section 607.0505, Florida Statules, agent. and familiar with, and ar cept the obligations of, Section 607.0505, Florida Statules. SIGNATUFE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS, NO DIRECTORS 14. TITLE 15. T		g. Name and Add ess of Current	Registered Agent	81 Name	10. Hante and Address of New Hogisters	<u></u>
### Addition #### Addition #### Addition #### Addition #### Addition ####################################	BOY	/D. JOEL E				
MELBOURNE FL 32940 88				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sr ctions 607,0502 and 607,1508, Florida Statutes, the above-named or proration submits this statement for the purpose of changing its registered agent, or bit in the State of Florida. Such change was rethorized by the corporation submits this statement for the purpose of changing its registered agent, and familiar with, and a cept the obligations of, Section 607,0005, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIVINS/CHANGES TO OFFICERS IN 12. ITILE 14. OFFICERS AND DIRECTORS 15. TITLE 15. OFFICERS AND DIRECTORS 15. ADDITIVINS/CHANGES TO OFFICERS. NO DIRECTORS 16. CONSTAND 17. ADDITIVINS/CHANGES TO OFFICERS. NO DIRECTORS IN 12. ITILE 16. OFFICERS AND DIRECTORS 16. CONSTAND 17. ADDITIVINS/CHANGES TO OFFICERS. NO DIRECTORS IN 12. ITILE 16. ORGANA AVE. 16. STREET ADDRESS 17. CONSTAND 18. ADDITIVINS/CHANGES TO OFFICERS. NO DIRECTORS IN 12. 18. ADDITIVINS/CHANGES TO OFFICERS. NO DIRECTOR IS IN 12. 18. ADDITIVINS/CHANGES TO OFFICERS. NO DIRECTOR IS IN 12. 19. Change Addition 19. Chan				92		
11. Pursuant to the provisions of Scribers 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its ragistered agent, or both, in the State of Florida. Such change was nuthorized by the corporation's board of cirectors. I hereby accept the app ointment as reg stered agent agent agent in the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed to a fee of regulated agent and state agent in the obligations of section 607.0505, Florida Statutes. 12.	IVII_L			83		
11. Pursuant to the provisions of Scictons 607.0502 and 607.1508, Florida Statutes, the above-named ocr poration submits this statement for the purpose of changing its rigistered agent, or both, in the State of Florida. Such change was inthinotzed by the corport-tion's board of cirectors. I hereby accept the app cintrent as reg stered agent. I am familiar with, and at cept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or printed rail or inguismed agent				84 City		85 Zip Code
office of registered agent, or bot h, in the State of Florida. Such change was authorized by the corporation's line from a cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 3(gnature, typed or printed raise of ingitizened agent and table if appositable (NOT E. Registered Agent signature mits mits productive mits press when rematuring) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS. NID DIRECTORS. IN 12. If I I I I I I I I I I I I I I I I I I					<u> </u>	
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NAME	CITY-ST-ZIP	MERRITT ISLAND FL 32952		1.4 CITY-ST-ZIP	-0000'LT 37.001	
23 STREET ADDRESS 24 CITY-ST-ZIP	TITLE	D	☐ DELETE	2.1 TITLE	28/2	
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CITY_ST-ZIP	STREET ADDRESS	410 NORA AVE.		2.3 STREET ADDRESS	580 Florido Palm Ave	
DELETE DELETE 3.1 TITLE Change Addition				2. 4 CITY-ST-ZIP	1,000a, FL 32937	
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	STREET ADDR :SS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further certify that the information indical ed 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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE