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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

OLUNICY ANIMAL LICEDITAL INC

QUINCT ANIMAL HUSPITAL,	INC.
Principal Place of Business	Mailing Address
1750 W. JEFFERSON ST.	1750 W. JEFFERSON ST.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90032 043 ***150.00



QUINCY FL 32351		CUINCT FL 32351		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					03/14/1991		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3079357	No	t Applicable
	#,:etc.=-	Suite, Apt. #, etc.		·	5. Certificate of Status Desired	\$8.75 /	Additional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	•	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added 1	o Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	
24	25	29 36	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent	<u> </u>		10. Name and Address of New Registere	ed Agent	
			81	Name			
HELN	/I, LARRY J.		82	Ctus at Adds	ress (P.O. Box Number is Not Acceptable)		
1750	1750 W. JEFFERSON ST.			Street Addr	ress (P.O. Box Number is Not Acceptable)		Į
	ICY FL 32351		83	<u> </u>			
						·····	
I			84	City	F	85 Zip (Code
-77	607.050	2 and 607 4509 Elorida Statutos	the obov	o named com	poration submits this statement for the purpose	— ; ,	registered
office or re	edistared agent or both, in the State.	of Florida. Such change was auti	nonzed by	the corporation	on's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes	S			
SIGNATURE					ed when reinstating) DATE		
	Signature, typed or printed name of registered ager			nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	DVP	C DELETE	1.1 TITLE				
NAME)	HELM, JAMES L.		1.2 NAME	Ì			ì
STREET ADDRESS	RT 1 BOX 1124			TADDRESS			1
CITY-ST-ZIP	CHATTAHOOCHEE FL		1.4 CITY-S	ST-ZIP		☐ Change	Addition
TITLE	DP	☐ DELETE	2.1 TTLE	-		☐ Change	L) Addition
NAME	HELM, LARRY J.		2.2 NAME				
STREET ADDRESS	RT. 4, BOX 220	_	2.3 STREE	TADDRESS			
CITY'ST-ZIP	-QUINCY-FL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			: Change	Addition
NAME			3.2 NAME				[
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME	. •		4. 2 NAME				
STREET ADDRESS				T ADDRESS			1
			4.4 CITY-S				Ì
CITY-ST-ZIP		□ DELETE	5.1 TITLE	r. 4.01		Change	Addition
			5.2 NAME			-	
NAME			L	T ADDRESS			Í
STREET ADDRESS	•	•	5.4 CITY-S	ł			
CITY-ST-ZiP		DELETE	6.1 TITLE	21- ZIF		☐ Change	Addition
TITLE			6.2 NAME			Crienty's	
NAME		,	1)
STREET ADDRESS	Agricultural de la California de la Cali			TADDRESS			ľ
•			SACTV-S	T. 7ID			

14. I 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 officer or director of the corporation of Block 12 or Block 13 if changed, or of with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR