

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:38

DOCUMENT # S53154 (8)

1. Corporation Name

ALLIED VETERINARIAN EMERGENCY SERVICES, INC.

Principal Place of Business

C/O RANDY S. FULLERTON, DVM
2701 NORTH MONROE
TALLAHASSEE FL 32303

Mailing Address

C/O RANDY S. FULLERTON, DVM
2701 NORTH MONROE
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/17/1991

3a. Date of Last Report

10/24/1994

4. FEI Number

59-3105041

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, FRANK S III
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

PITTS, CARL H
1407 TIMERLANE ROAD
TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

SMITH, HARRY
4882 PORTAL DRIVE
TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

FULLERTON, RANDY
2701 NORTH MONROE
TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SIMMONS, GEORGE
2701 NORTH MONROE
TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SANDERS, JOHN
216 AUSLEY ROAD
TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 Block 12 or Block 13 or both, or on an attachment with an address.

SIGNATURE:

Randy Fullerton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/95

385-5141