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CORPORATION ANNUAL REPORT 1998 DOCUMENT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

S64594 (2)MITCHELL HAMMOCK VETERINARY CLINIC, INC.

FILED Apr 02 1998 8:00am Secretary of State



Principal Disa						B B 1 1 1 1 1 1 1 1
•	ce of Business	Mailing Address				A(A), 4141. B181. A:31. B181. 1401
	WOODS BLVD	45 ALAFAYA WOODS B	LVD			
OVIEDO FL 3	32765	OVIEDO FL 32765	OVIEDO FL 32765		DO NOT WRITE IN THIS SPACE.	
					3. Date Incorporated or Qualified	IIO OF ACE.
					06/14/1991	
2. Principal P	Place of Business	2a. Mailing Address	·		4. FEI Number	Applied For
21		26	├ ─		59-3127681	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			-	\$8.75 Additional
22	.,,	27			5. Certificate of Status Desired	Fee Required
City & State	60	City & State			8. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rrent Registered Agent	1		10. Name and Address of New Register	ed Agent
DU	JOLEY, WOODROW			81 Name		
	ALAFAYA WOODS BLVD		82 Street Ad		dress (P.O. Box Number is Not Acceptable)	
		l'	5treet Aux	dress (P.O. Box Number is Not Acceptable)		
•	MEDO FL 32765		ļ.	83		
			1	,		
			į.	B4 City	\$1.00 P	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered				ation's board of directors. I hereby accept the a	
						-
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12.	D	AND DIRECTORS DELETE	13.	.E	ADDITIONS/CHANGES TO OFFICERS A	
	D				ADDITIONS/CHANGES TO OFFICERS A	
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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 changed, or on an attachment with an address.

SIGNATURE: