FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V62231** **(8)**

1. Corporate Name
OKALOOSA OSTRICHES, INC.

Principal Place of Business
WALTON ANIMAL CLINIC
DEFUNIAK SPRINGS FL 32578
US

Mailing Address
1441 CENTRAL AVE
SUMMERVILLE SC 29483
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21 — Suite, Apt. or Lot — 22 — City, State — 23 — Zip — 24 — 25
2a. Mailing Address — 26 — Suite, Apt. or Lot — 27 — City, State — 28 — Zip — 29 — 30

4. FEI Number: 59-3152592 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Electronic Filing Fee — $5.00 May Be Added to Fees
8. Does corporation have subsidiaries or affiliates doing business in Florida? Yes / No

9. Name and Address of Current Registered Agent
MALLORY, PETER A.
405 OAK AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City — FL — 85 Zip Code

11. For profit corporations, the business address of at least one director must be identified in the space provided below. Non-profit corporations must identify at least one director or trustee.

12.
D
SPEARMAN, JAMES D.
68 IRENE CT
NICEVILLE FL
D
BLACKWOOD, JACK
68 IRENE CT
NICEVILLE FL
D
SPEARMAN, ANTHONY
68 IRENE CT
NICEVILLE FL
D
SPEARMAN, WILLIAM
68 IRENE CT
NICEVILLE FL

13.
SEC/TREA
THUMAS FASSULIOTIS
THOMAS M. FASSULIOTIS, M.D.
4005 COCHRAN RD
GAINESVILLE, GA 30504

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 Florida Statutes; and that my name appears above, or on an attachment with all other like empowered officers and directors, as they appear on the records of the corporation or its successor or the receiver or trustee.

SIGNATURE: James D. Spearman — 5/8/95 — 1803 997 5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0478244 FP