

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3: 59

DOCUMENT # V68936

(6)

1. Corporation Name

SOUTH LAKE ANIMAL CLINIC, INC.

Principal Place of Business

**1067 W. HWY 50
CLERMONT FL 34711**

Mailing Address

**1067 W. HWY 50
CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/01/1992

3a. Date of Last Report

02/17/1994

4. FEI Number

59-3145719

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 194.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**ROBERSON, C. KENNETH
1067 W. HWY 50
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

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 then if applicable

(NOTE: Registered Agent signature required when re-registering)

1501

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

ROBERSON, C. KENNETH

STREET ADDRESS

1067 W. HWY 50

CITY, ST, ZIP

CLERMONT FL

TITLE

NAME

WALKER, LAURA K.

STREET ADDRESS

1067 W. HWY 50

CITY, ST, ZIP

CLERMONT FL

TITLE

NAME

POTTER, SAMUEL G.

STREET ADDRESS

5132 ROYAL OAKS DR.

CITY, ST, ZIP

FRUITLAND PARK FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law (see 194.032, Florida Statutes). I further certify 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 changed, or on an attachment with an address.

SIGNATURE:

C. Kenneth Roberson
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR