

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117170

Entity Name: GRANT ANIMAL CLINIC, INC.

Current Principal Place of Business:

4180 POND APPLE ST
GRANT, FL 32949

Current Mailing Address:

4180 POND APPLE ST
GRANT, FL 32949 US

FEI Number: 59-3688845

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKETT, KATHERINE A
4982 SOUTH US HWY 1
GRANT, FL 32949 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPS
Name BECKETT, KATHERINE A
Address 4180 POND APPLE ST
City-State-Zip: GRANT FL 32949

Title DT
Name BECKETT, GLENN A
Address 4180 POND APPLE ST
City-State-Zip: GRANT FL 32949

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENN A BECKETT

DT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date