

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/30/96: \$0.00 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$670.)

AMENDED PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

96 OCT 21 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 604948
1. Corporation Name
Edward L Lewis, D.V.M. and Tim K. Murray, D.V.M.,
P.A.

Principal Place of Business
3201 Crill Avenue
Palatka, Fl 32177

Mailing Address
3201 Crill Avenue
Palatka, Fl 32177

3. Date Incorporated or Qualified
1/14/74

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1500543	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Murray, Tim K., D.V.M. 3201 Crill Avenue Palatka, Fl 32177	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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
P Lewis, Edward L. D.V.M. 3201 Crill Avenue Palatka, Fl 32177	Change <input type="checkbox"/> Addition <input type="checkbox"/> 100001987471--7 -10/28/96--01063--007 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
V Murray, Tim K., D.V.M. 3201 Crill Avenue Palatka, Fl 32177	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> President Murray, Tim K., D.V.M. 3201 Crill Avenue Palatka, Fl 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
D Lewis, Edward L 3201 Crill Avenue Palatka, Fl 32177	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Director Murray, Tim K., D.V.M. 3201 Crill Avenue Palatka, Fl 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
	Change <input type="checkbox"/> Addition <input type="checkbox"/> A. Alan 10-21-96

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-796 90432896/6

Date

Daytime Phone #

CR2E034 (3/96)