FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # K54426



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

FILED Apr 22 1998 8:00am Secretary of State

WILLIA	M R. STOCKER, D.V.M., P.	Α.			
Principal Plac	e of Business	Mailing Address		A NAMARANIE MAN MATTI MATA LANDA MATT DE SANTA MAT	
13168 JACQUELINE RD. 13168 JACQUELINE RD. BROOKSVILLE FL 34613 BROOKSVILLE FL 34613				DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	3 AOL
				12/29/1988	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0092014	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt #, etc.	·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	_ ' _ '
24	25		90	Personal Property Tax due June 30.	X Yes No
	9. Name and Address of Curre	nt Registered Agent	nal V	10, Name and Address of New Registered	i Agent
	OCKER, WILLIAM R.		B1 Name		
13168 JACQUELINE RD.			82 Street	Address (P.O. Box Number is Not Acceptable)	
BROOKSVILLE FL 34613					
			83		
			84 City		85 Zip Code
44. 6	4.0.07.05	00. 1007 1500 51 11 0		FI	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes e of Florida. Such change was au	s, the above-named Ithorized by the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statutes.	,	
SIGNATURE					
12,	Signature, typed or printed name of registered ag	ID DIRECTORS	Hegistered Agent signature	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TITLE	D/P/S/T	Change Addition
NAME	STOCKER, WILLIAM R.		1.2 NAME	STOCKER, WILLIAM R.	2, 1,,
STREET ADDRESS	14227 BOWIE RD.		1.3 STREET ADDRESS	14227 BOWIE ROAD	ł
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP	BROOKSVILLE, FL	
TITLE		X DELETE	2.1 TITLE		Change Addition
NAME	STOCKER, WILLIAM R.		2.2 NAME		_ ,
STREET ADDRESS	14227 BOWIE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	B ROOKSVILLE FL		2. 4 CITY+ST-ZIP		
TITLE		☐ DELETE	31 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	·	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY - ST - ZIP	<u></u>	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

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