


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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 449300 (3) 1. Corporation Name WILLIAM H. SHELTON, D.V.M., P.A.			
Principal Place of Business 7108 MINTWOOD CT. TAMPA FL 33615 US		Mailing Address 7108 MINTWOOD CT P.O. BOX 262857 TAMPA FL 33615 US	
2. Principal Place of Business 21 9833 BRIDGETON DRIVE Suite, Apt. #, etc. 22 TAMPA, FL City & State 23 Zip 24 33626 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Name and Address of Current Registered Agent SHELTON, WILLIAM H. 7513 PAULA DRIVE. TAMPA FL 33615		10. Name and Address of New Registered Agent 81 Name SHELTON, WILLIAM H 82 Street Address (P.O. Box Number is Not Acceptable) 9833 BRIDGETON DRIVE 83 84 City TAMPA FL 85 Zip Code 33626	
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, of 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	PD SHELTON, WILLIAM P.O. BOX 262857 TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9833 BRIDGETON DRIVE TAMPA FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHELTON, WILLIAM P.O. BOX 262857-2857 TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9833 BRIDGETON DRIVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHELTON, BONNIE 7108 MINTWOOD CT. TAMPA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9833 BRIDGETON DRIVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELTON, BONNIE 7108 MINTWOOD CT. TAMPA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9833 BRIDGETON DRIVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 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.			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/1974	
4. FEI Number 59-1539119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)

SIGNATURE:

1-16-98

813-920-2569