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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90003 021 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 454048 1. Corporation Name

EZEKIEL F. THOMAS, JR. D.V.M., P.A.

CZENIEL	1. HOMAS, WIL D. VING 1.	· ·						
Principal Place	of Business	Mailing Address				-	., 6,6,, 6,6,, 6,6,,	
4937 S. TAMIAMI TRAIL SARASOTA FL 34231		4937 S. TAMIAMI TRAIL SARASOTA FL 34231				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						06/04/1974		٠',
2. Principal Pl	2a. Mailing Address	ling Address			4. FEI Number	App	lied For	
24		26				59-1531694		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				3. Certificate of Otelos Desires	Fee Rec	
City & State	•	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
Zip	Country Zip			try		8. This corporation owes the current year	Intangible	
24	25 29 30					Personal Property Tax.	Yes	□No □
	9. Name and Address of Current					10. Name and Address of New Register	ed Agent	
	***		8	B1	Name	•	•	
THOMAS, EZEKIEL F. JR.				B2	Street Addre	ess (P.O. Box Number is Not Acceptable)		·
4937 SOUTH TAMIAMI TRAIL				-		And the state of t		
SARASOTA FL 34231			8	83				
			٠,	84	City	- 「	85 Zip C	ödé
				- 1	•		L '	
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 registroffice 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 by the corporation submits this statement for the purpose of changing its registroffice 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 by the corporation submits this statement for the purpose of changing its registroffice.								registered istered
office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States.						Solio Vi diissisis i yas, saaqaa	1.1	90
SIGNATURE		tomas Tr. Prus	5.	_ \	7		<u> </u>	77.
SIGNATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re		\gent\	signature required	when reinstading)	AND DIRECTOR	RS IN 12
12.		D DIRECTORS	13.				☐ Change	Addition
TITLE	P FIGURE 10 FIELDER	[] OECE IE						_
NAME	THOMAS JR., EZEKIEL F		1.2 NAM		*DODECC			
STREET ADDRESS	4937 S TAMIAMI TRAIL		1.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP 2.1 TITLE			[Change	Addition
TITLE							_ , ,	_
NAME	THOMAS, SUSAN V.		2.2 NAM					-
STREET ADORESS	4937 S. TAMIAMI TRAIL		2.3 STREET ADDRESS					.
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP 3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE	rough the r	□ occeie	i .				- :	_
NAME			3.2 NAN					
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	3,4. CIT 4,1 TITL		T-ZIP		Change	Addition
TITLE		□ ncreie			1	E 91 , P 1 , P 20 , P 20 , P 40 , P		
NAME			4.2 NA					1
STREET ADDRESS					ADDRESS			
C/TY-ST-ZIP		DELETE	4.4 CIT		r-ZIP		Change	Addition
TITLE	I .	☐ DELETE	■ 3.1 illi.	LC	1		_ ,	

6.4 CITY-ST-ZIP 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 of 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

☐ Addition