

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 FEB 17 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 461116 (6)

1. Corporation Name  
JOHN P. PILARCZYK, D.V.M., P.A.

Principal Place of Business	Mailing Address
8410 EAST TEMPLE TERRACE HIGHWAY TEMPLE TERRACE FLORIDA 33637-5808	8410 EAST TEMPLE TERRACE HIGHWAY TEMPLE TERRACE FLORIDA 33637-5808

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/13/1974	3a. Date of Last Report 04/01/1994
4. FEI Number 59-1551382	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

9. Name and Address of Current Registered Agent  
PILARCZYK, JOHN P.  
8410 EAST TEMPLE TERRACE HIGHWAY  
TEMPLE TERRACE FLORIDA

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PILARCZYK, JOHN P.
STREET ADDRESS	514 GARRARD
CITY - ST - ZIP	TEMPLE TERRACE FL
TITLE	D
NAME	PILARCZYK, KATHLEEN A.
STREET ADDRESS	514 GARRARD
CITY - ST - ZIP	TEMPLE TERRACE FL
TITLE	T
NAME	PILARCZYK, JOHN P.
STREET ADDRESS	514 GARRARD
CITY - ST - ZIP	TEMPLE TERRACE FL
TITLE	S
NAME	PILARCZYK, KATHLEEN A.
STREET ADDRESS	514 GARRARD
CITY - ST - ZIP	TEMPLE TERRACE FL
TITLE	P
NAME	PILARCZYK, JOHN P.
STREET ADDRESS	514 GARRARD
CITY - ST - ZIP	TEMPLE TERRACE FL
TITLE	V
NAME	PILARCZYK, KATHLEEN A.
STREET ADDRESS	514 GARRARD
CITY - ST - ZIP	TEMPLE TERRACE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: *John P. Pilarczyk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ EXPIRES (Month & Year) \_\_\_\_\_