


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90007 030 ***550.00

UB00129



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 461116 ✓
 1. Corporation Name
JOHN P. PILARCZYK, D.V.M., P.A.

Principal Place of Business 8410 EAST TEMPLE TERRACE HIGHWAY TEMPLE TERRACE FLORIDA 33637-5808	Mailing Address 8410 EAST TEMPLE TERRACE HIGHWAY TEMPLE TERRACE FLORIDA 33637-5808
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/13/1974

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Suite, Apt. #, etc. City & State Zip	23. City & State Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip	27. Suite, Apt. #, etc. City & State Zip	28. City & State Zip	29. Country	30. Country
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4. FEI Number **59-1551382** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PILARCZYK, JOHN P.	
STREET ADDRESS	514 GARRARD	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PILARCZYK, KATHLEEN A.	
STREET ADDRESS	514 GARRARD	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PILARCZYK, JOHN P.	
STREET ADDRESS	514 GARRARD	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PILARCZYK, KATHLEEN A.	
STREET ADDRESS	514 GARRARD	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PILARCZYK, JOHN P.	
STREET ADDRESS	514 GARRARD	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	V	<input type="checkbox"/> DELETE
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 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.

SIGNATURE: *John Pilarczyk* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **7/30/99** **813-985-4761**
 Date Daytime Phone #

CR2E034 (5/99)