

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

**APPROVED  
AND  
FILED**

**95 MAY 30 AM 11:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**400001504084  
-06/02/95--01008--006  
\*\*\*\*225.00 \*\*\*\*225.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 550233 (1)**

1. Corporation Name  
**JAMES O. BRIGGS, D.V.M., PA, Inc.**

Principal Place of Business      Mailing Address

**2508 OKEECHOBEE ROAD  
FT PIERCE FL 34947**      **2508 OKEECHOBEE ROAD  
FT PIERCE FL 34947**

2. Principal Place of Business      2a. Mailing Address

21 **1119 Club Drive**      26 **1119 Club Drive**

Suite, Apt # etc      Suite, Apt # etc

22      27

City & State      City & State

23 **Fort Pierce**      28 **Fort Pierce**

Zip      Zip      County      County

24 **34982**      25 **St Lucie**      29 **34982**      30 **St Lucie**

3. Date Incorporated or Qualified      3a. Date of Last Report

**11/01/1977**      **01/28/1994**

4. FFI Number      Applied For

**59-1769981**      Not Applicable

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

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

Trust Fund Contribution

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**BRIGGS, JAMES O  
2508 OKEECHOBEE RD 1119 Club Drive  
FT PIERCE FL 34947 34982**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      FL      B5 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *J. O. Briggs*      5-16-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, JAMES O	12 NAME	
STREET ADDRESS	2508 OKEECHOBEE ROAD 1119 Club Drive	13 STREET ADDRESS	
CITY, ST, ZIP	FT PIERCE FL	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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)(b), 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 this 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: *J. O. Briggs*      5-16-95      407 461-7577

**JAMES O. BRIGGS**      (Type or Print Name of Signing Officer or Director)