


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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 601537 (4)
1. Corporation Name
LARMON, JOE S., D.V.M., P.A.

Principal Place of Business
3000 58TH AVE N.
ST. PETERSBURG FL 33714
US

Mailing Address
3000 58TH AVE N.
ST. PETERSBURG FL 33714
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ROUTE 2, BOX 133 J.L. Suite, Apt. #, etc. 22 City & State 23 DONALSONVILLE, GA Zip Country 24 31745 25		2a. Mailing Address 26 ROUTE 2, BOX 133 J.L. Suite, Apt. #, etc. 27 City & State 28 DONALSONVILLE, GA Zip Country 29 31745 30		3. Date Incorporated or Qualified 10/13/1969	4. FEI Number 59-1274881 Applied For 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
---	--	--	--	---	--	--	---	--

9. Name and Address of Current Registered Agent LARMON, JOE S. 3000 58TH AVE N. ST PETERSBURG FL 33714		10. Name and Address of New Registered Agent 81 Name WILLIAM A. ROBERTS 82 Street Address (P.O. Box Number is Not Acceptable) 7501 FIRST AVENUE SOUTH 83 84 City ST. PETERSBURG, FL 85 Zip Code 33707-1103	
---	--	--	--

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE William A. Roberts DATE 4/22/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARMON, JOE S.	1.2 NAME	
STREET ADDRESS	3000 58TH AVE N.	1.3 STREET ADDRESS	ROUTE 2, BOX 133 J.L.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	DONALSONVILLE, GA 31745
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Joe S. Lamon DATE: 4/25/98 (912) 861-2420

CR2E034 (10/97)