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PROFIT CORPORATION ANNUAL REPORT

1997



FLOR DA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604948

(0)

TIM K. MURRAY, D.V.M., P.A.

FILED Jan 27 1997 8:00am Secretary of State

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| 3201 CRILL AVE | | | | | | | | |
|---|---|--|--|---|--|---------------------|--|-------------------------------------|
| PALATKA FL 32 | | 3201 CRILL AVE. PALATKA FL 32177-4158 | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 01/14/1974 | 3a. Date of 01/25/1 | Last Report | |
| 2. Principal Place of Business 2a. Mailing Add 21 26 | | 2a. Mailing Address | g Address | | 4. FEI Number | Applied For | | |
| | | 26 | | | 59-1500543 | | Not Applicable | |
| Suite, Apt # | #, etc | Suite Apt. #, etc. | | | 5. Certificate of Status Desired | | 8.75 Additio | |
| 22 | | 27 | | | 5. Certificate of Status Desired | | Fee Require | d |
| City & State |) | City & State | | | 6. Election Campaign Financing | | 5.00 May | |
| 23 | Country | 28 | Countr | | Trust Fund Contribution | | Added to Fee | |
| Zφ •••• | Country | Zip | <u> </u> | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | |
| 24 | 25 9. Name and Address of Cur | 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20 | 30 | | 10. Name and Address of New Re | | | |
| MID | RAY, TIM K. | IOUT HABITATAN TO | 8. | 1 Name | 10, 11, 11, 11, 11, 11, 11, 11, 11, 11, | 8.0 | | |
| | INAT, IIM N. I CRILL AVENUE | | | | | | | |
| | ATKA FL 32177 | | 8: | 2 Street Ac | ddress (P.O. Box Number is Not Acceptate | ole) | | |
| FALS | AINA FL 321// | | 83 | 3 | | ····· | | |
| | | | | <u></u> | | | | |
| | | | 84 | 4 City | | FL 85 | Zip Code | |
| 44 Durational | to the promision of Contains 607 (| OF DRIVING BOT 15/09 Florida State | itos the abor | on pamed of | orporation submits this statement for the p | | nalna ite reni | interer |
| ns I Inaga | ni familiar with, and accept the ob | oligations of, Section 607,0505, F | | | ration's board of directors. I hereby accep | ot the appointr | nent as regisi | tered |
| SIGNATOR: | Signatore, type sociproportionnic of registeral | Lagent and the Happic apre MNC | TE Registered A | gent signature re | quired when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | | |
| FILE | PD | ☐ DELETE | 1.1 TITLE | | | | Change | Addition |
| 1 | Murray, tim K DVM | | 1.2 NAME | : 1 | | | | |
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SIGNATURE:

WANATURE AND TYPED OR PRINTED NAME ON SIGNING OFFICER OR DIRECTOR

1-16-97 (904)328-9616

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