

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # 643492

(2)

1. Corporation Name

HAROLD F. ALBERS, D.V.M., P.A.



Principal Place of Business

1401 4TH STREET NORTH
ST. PETERSBURG FL 33704

Mailing Address

1401 4TH STREET NORTH
ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1979

4. FEI Number

59-1943491

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

ALBERS, HAROLD F., D.V.M.
1401 4TH STREET NORTH
ST. PETERSBURG FL 33704

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ALBERS, HAROLD F, D V M
STREET ADDRESS 1401 4TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG, FL 00000

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

800002605908
-08/03/98--01111--021
***150.00

PE
7.30

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

SIGNATURE REQUIRED

CR2E034 (5/98)

HAROLD F. ALBERS, D.V.M.

1401 4th Street North
St. Petersburg, Florida 33704-4409

Handwritten initials: PJ-2

6 JULY 1998

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P O BOX 1500
TALLAHASSEE, FL. 32302-1500

TO WHOM IT MAY CONCERN;

TODAY I AM IN RECEIPT OF A SECOND NOTICE FOR THE 1998 PROFIT CORPORATION ANNUAL REPORT PACKET. OUR RECORDS INDICATE THAT WE HAD NOT RECEIVED THE FIRST NOTICE.

UPON CALLING YOUR OFFICE, I WAS INFORMED TO RETURN THE FORM AND REMIT \$150.00.

THANK YOU IN ADVANCE FOR YOUR TIME AND CO-OPERATION.

SINCERELY;

Handwritten signature: Harold F. Albers, DVM

HAROLD F. ALBERS, DVM