

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 2:16

DOCUMENT # 746850

(7)

1. Corporation Name

CHARLIE BILD'S FRIENDS, INC.

Principal Place of Business

Mailing Address

**% LAKELAND VETERINARY HOPITAL
3003 HWY. 98 SOUTH
LAKELAND FL 33803**

**% LAKELAND VETERINARY HOPITAL
3003 HWY. 98 SOUTH
LAKELAND FL 33803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/23/1979

04/08/1994

4. FEI Number

Applied For

59-0974739

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRIFE, WYLAND S.
22859 N.W. 87TH AVE. RD.
MICANOPY FL 32667**

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 607.0509, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

**DEE, LARRY G.
2884 HOLLYWOOD BLVD.
HOLLYWOOD FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP

NAME

**WILHELM, RALPH
2959 FRUITVILLE RD.
SARASOTA FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

ST

NAME

**GARDNER, WADE G.
3003 HWY. 98 SOUTH
LAKELAND FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

**BRANDT, JAMES H.
720 N. TAMiami TRAIL
NOKOMIS FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

**FAWCETT, JAMES W.
8776 SUNSET DR.
MIAMI FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

**WHITLEY, THOMAS F.
1355 E. LAFAYETTE ST.
TALLAHASSEE FL**

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with amendments.

SIGNATURE:

Wyland S. Crife DVM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

0056888