

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746850** (7)

1. Corporation Name

CHARLIE BILD'S FRIENDS, INC.

Principal Place of Business % LAKELAND VETERINARY HOPITAL 3003 HWY. 98 SOUTH LAKELAND FL 33803	Mailing Address % LAKELAND VETERINARY HOPITAL 3003 HWY. 98 SOUTH LAKELAND FL 33803
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3. Date Incorporated or Qualified 04/23/1979	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-0974739		

2. Principal Place of Business 21 % COLLEGE OF VETERINARY MED. Suite, Apt. #, etc. 22 BOX 100125 City & State 23 GAINESVILLE FL Zip Country 24 32610 25 USA	2a. Mailing Address 26 % COLLEGE OF VETERINARY MED. Suite, Apt. #, etc. 27 BOX 100125 City & State 28 GAINESVILLE FL Zip Country 29 32610 30 USA
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 CRUPE, WYLAND S. 22859 N.W. 87TH AVE. RD. MICANOPY FL 32867	10. Name and Address of New Registered Agent 81 Name A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEE, LARRY G.	1.2 NAME	
STREET ADDRESS	2864 HOLLYWOOD BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHELM, RALPH	2.2 NAME	
STREET ADDRESS	2859 FRUITVILLE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	VP NICOLETTI, PAUL 2015 S W 16TH AVE. GAINESVILLE FL 32610
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, WADE G.	3.2 NAME	
STREET ADDRESS	5711 LAKELAND HIGHLANDS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDT, JAMES H.	4.2 NAME	
STREET ADDRESS	720 N. TAMiami TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAWCETT, JAMES W.	5.2 NAME	
STREET ADDRESS	8776 SUNSET DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLEY, THOMAS F.	6.2 NAME	
STREET ADDRESS	1355 E. LAFAYETTE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W. L. Dee*

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