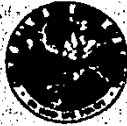


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 20 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F04750** (8)

1. Corporation Name

**DERON COLLINS, D.V.M., P.A.**

Principal Place of Business

**1639 HARBOR DRIVE  
MERRITT ISLAND FL 32952**

Mailing Address

**1639 HARBOR DRIVE  
MERRITT ISLAND FL 32952**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/01/1980**

3a. Date of Last Report

**06/09/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-2038288**

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

7. This corporation has liability for intangible tax under S. 109.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BILLIE JUNE COLLINS  
1639 HARBOR DRIVE  
MERRITT ISLAND FL 32952-2800**

10. Name and Address of New Registered Agent

81 Name

**Leonard Spielvogel**

82 Street Address (P.O. Box Number is Not Acceptable)

**101 So. Courtenay Parkway**

83

84 City

**Merritt Island**

85 Zip Code

**FL 32952**

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 of registered agent or registered agent or trustee, if applicable

(NOTE: Registered Agent signature required when reappointing)

**3.16.95**

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
COLLINS, DERON  
1639 HARBOR DRIVE  
MERRITT ISLAND FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
COLLINS, BILLIE JUNE  
1639 HARBOR DRIVE  
MERRITT ISLAND FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**D/VP**

**Jeffrey S. Collins  
1014 Horton Court  
Oviedo, Florida 32765**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3.16.95**

Date

Daytime Phone #