

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90023 013 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F33348					
1. Corporation Name KEYSTONE HEIGHTS ANIMAL HOSPITAL LAWRENCE E. PARRISH, D.V.M., P.A.					
Principal Place of Business 7344 STATE RD 100 KEYSTONE HEIGHTS FL 32656			Mailing Address 7344 STATE RD 100 KEYSTONE HEIGHTS FL 32656		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2103607	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PARRISH, LAWRENCE E. 7344 STATE RD 100 KEYSTONE HEIGHTS FL 32656				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
FL					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	PARRISH, LAWRENCE E				
STREET ADDRESS	7344 STATE RD 100				
CITY-ST-ZIP	KEYSTONE HGHTS FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	PARRISH, DONNA N				
STREET ADDRESS	7344 STATE RD 100				
CITY-ST-ZIP	KEYSTONE HGHTS FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 352-473-4566
Date Daytime Phone #

CR2E034 (11/98)