

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:21

DOCUMENT # **F39081** (7)

1. Corporation Name
HERBERT WILLIAM FREEL, D.V.M., P.A.

Principal Place of Business: **13938 HWY 441 SUMMERFIELD FL 34491**
Mailing Address: **13938 HWY 441 SUMMERFIELD FL 34491**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1981** 3a. Date of Last Report: **06/24/1994**

4. FEI Number: **59-2232089** Applied For: First 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 has liability for intangible tax under S. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State Apt. #, etc.: **22** State Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**FREEL, HERBERT WILLIAM
13938 HWY 441
SUMMERFIELD FL 34491**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. I, the undersigned, the undersigned, of the State of Florida, hereby certify that 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 of registered agent. I am a resident of the State of Florida and accept the responsibility for the same under Florida Statutes.

SIGNATURE: _____

12. OFFICERS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1.
1. NAME: PD FREEL, HERBERT W	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 13938 HWY 441	
3. CITY & STATE: SUMMERFIELD FL 34491	
4. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS: _____	
6. CITY & STATE: _____	
7. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS: _____	
9. CITY & STATE: _____	
10. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS: _____	
12. CITY & STATE: _____	
13. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS: _____	
15. CITY & STATE: _____	
16. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS: _____	
18. CITY & STATE: _____	
19. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS: _____	
21. CITY & STATE: _____	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption established in section 190.032, Florida Statutes. I further certify that the information is true and correct as the undersigned is not a registered agent or registered agent of record and is not a director or officer of the corporation. I am a resident of the State of Florida and accept the responsibility for the same under Florida Statutes.

SIGNATURE: *Herbert W. Freel* **Herbert W. Freel**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
11/1/95 901/347-7587
0460200 FP