

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F40196 (0)

1. Corporation Name

WILLIAM H. LOVETT, JR., D.V.M., P.A.



Principal Place of Business

ROUTE 1, BOX 252  
WAUCHULA FL 33873

Mailing Address

ROUTE 1, BOX 252  
WAUCHULA FL 33873

3. Date Incorporated or Qualified  
06/10/1981

3a. Date of Last Report  
01/24/1995

2. Principal Place of Business

21 1927 US Hwy 17 North

2a. Mailing Address

26 1927 US Hwy 17 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2093856

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

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

☒ Yes ☐ No

24 33873

25 USA

29 33873

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVETT, WILLIAM H., JR.  
ROUTE 1, BOX 252 A  
WAUCHULA FL 33873

81 Name

William H. Lovett Jr.

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

1927 US Hwy 17 North

83

84

City Wauchula

FL

85

Zip Code

33873

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD ☐ DELETE

NAME LOVETT, WILLIAM H., JR.

STREET ADDRESS RT. 1, BOX 252

CITY-STATE-ZIP WAUCHULA FL

TITLE ST ☐ DELETE

NAME LOVETT, PAMELA

STREET ADDRESS RT. 1, BOX 252

CITY-STATE-ZIP WAUCHULA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

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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 119.07(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 attachment with an address.

SIGNATURE: *Pamela H. Lovett* Pamela H. Lovett 1-24-96 773-2424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)