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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:11

DOCUMENT # F62998

(2)

1. Corporation Name

KEITH W. CREEDEN, D.V.M., P.A.

Principal Place of Business

2500 W HWY 434
LONGWOOD FL 32779

Mailing Address

2500 W HWY 434
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/13/1982

3a. Date of Last Report

01/19/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2145610

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, WILLIAM H.
7100 S HWY 17-92
FERNPARK FL 32730

81 Name

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

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BROCKMAN, ANNE M
STREET ADDRESS	2500 W. HWY. 434
CITY-ST-ZIP	LONGWOOD FL
TITLE	V
NAME	BROCKMAN, JAMES L
STREET ADDRESS	2500 W HWY 434
CITY-ST-ZIP	LONGWOOD FL
TITLE	D
NAME	CREEDEN, LISA H
STREET ADDRESS	2500 W. HWY. 434
CITY-ST-ZIP	LONGWOOD FL
TITLE	V
NAME	MARRINSON, RICHARD L
STREET ADDRESS	2500 N. HWY. 434
CITY-ST-ZIP	LONGWOOD FL
TITLE	D
NAME	MARRINSON, JILL A
STREET ADDRESS	2500 W. HWY. 434
CITY-ST-ZIP	LONGWOOD FL
TITLE	P
NAME	CREEDEN, KEITH W
STREET ADDRESS	2500 W HWY 434
CITY-ST-ZIP	LONGWOOD FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(b), 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 attached list with an address.

SIGNATURE:

Keith W. Creeden

Keith W. Creeden

1/11/95

407/860-0308

Signature and typed or printed name of signing officer or director

Line

Signature / Date