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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Feb 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

Mailling Address Mailling Ad	IMOH	HY B. SWANGO DVM, P.A	.						
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2. Majpled Force of Districts 2. Majpled Force 59-200843	% TIMOTHY B. SWANGO % TIMOTHY B. SWANGO 755 WEST CENTRAL AVE. 755 WEST CENTRAL AVE.					3. Date Incorporated or Qualified			
Sullo, Apt. 4, etc.				. <u></u>					
Suitable		Place of Business	<u>⊢</u>						• • • • • • • • • • • • • • • • • • • •
27		# atc				59-2200843			
Second S						5. Certificate of Status Desired			
270	City & State City & State					6 Flection Campaign Financing			
Zip Country 2	23		28					•	
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SWANGO, TIMOTHY B. 755 WEST CENTRAL AVE. LAKE WALES FL 33853 84 Cray 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 Cray 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 lite registered office or registered agont, 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 office or registered agont, or both, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TIME DP DELETE 11 TIME SWANGO, TIMOTHY B 755 W CENTRAL AVE 12 NAME 13 SIRET ADDRESS CITY-ST-2P TIME NAME 14 SIRET ADDRESS 14 TIME 22 NAME 23 SIRET ADDRESS CITY-ST-2P TIME DELETE 31 TIME 23 NAME 33 SIRET ADDRESS CITY-ST-2P TIME NAME SIRET ADDRESS CITY-ST-2P TIME NAME SIRET ADDRESS CITY-ST-2P TIME DELETE 41 TIME 24 NAME 43 SIRET ADDRESS CITY-ST-2P TIME NAME SIRET ADDRESS CITY-ST-2P TIME DELETE 51 TIME DELETE 51 TIME Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Change Change Change Change Change Change Change Change Change	24			30					□ Ño
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LAKE WALES FL 33853 83 64 City FL 85 City Space of Control	SW	/ango, timothy B.		81 Na	ıme				
LAKE WALES FL 33853 83 64 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 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 and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP OFFICERS AND DIRECTORS 11. TITLE SWANGO, TIMOTHY B STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 0 14. City-St-ZiP LAKE WALES, FL 0 14. City-St-ZiP TITLE DELETE 3. TITLE 2. STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 0 14. City-St-ZiP TITLE DELETE 3. TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3. TITLE DELETE 3. TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3. TITLE DELETE 4. TITLE DELETE 3. TITLE DELETE 4. TITLE DELETE 3. TITLE D					reet Addres	ss (P.O. Box Number is Not Acceptal	ble)		
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TITLE	SIGNATURE	Signature, lyned or printed name of registered a	agent and little if applicable (NOTE	Registered Agent sign	beriuper etular	when reinstating)	DATE		
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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.