

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F89581

1. Corporation Name

GUKICH & RYLAND, D.V.M.'S, P.A.

Principal Place of Business

% ROBERT G GUKICH
2748 HWY 27 NORTH
LAKE WALES FL 33853

Mailing Address

% ROBERT G GUKICH
2748 HWY 27 NORTH
LAKE WALES FL 33853

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90028 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1982

4. FEI Number

59-2205220

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 owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

GUKICH, ROBERT G
2748 HWY 27 NORTH
LAKE WALES FL

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GUKICH, ROBERT G	
STREET ADDRESS	2748 HWY 27 NORTH	
CITY-ST-ZIP	LAKE WALES, FL 00000	
TITLE	VST	☐ DELETE
NAME	RYLAND, A FLEET III	
STREET ADDRESS	2748 HWY 27 NORTH	
CITY-ST-ZIP	LAKE WALES, FL 00000	
TITLE	VD	☐ DELETE
NAME	SCHOTMAN, THOMAS K B	
STREET ADDRESS	2748 HWY 27 NORTH	
CITY-ST-ZIP	LAKE WALES, FL 00000	
TITLE	VD	☐ DELETE
NAME	MATTHEWS, MICHAEL	
STREET ADDRESS	2748 HWY 27 NORTH	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

Date

Daytime Phone #

13-23-99 941-676-1451