

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90017 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G65577**

Corporation Name  
**ROBERT P. ADEY, V.M.D., P.A.**



Principal Place of Business  
 1616 FIRST ST., SE  
 WINTER HAVEN FL 33880

Mailing Address  
 1616 FIRST ST., SE  
 WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1616 FIRST ST., SE		1616 FIRST ST., SE		10/19/1983	
WINTER HAVEN FL 33880		WINTER HAVEN FL 33880		4. FEI Number	
				59-2328640	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
25		29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POBJECKY, J. DAVID				81 Name			
786 AVENUE C, S.W.				82 Street Address (P.O. Box Number is Not Acceptable)			
P.O. DRAWER 7323				83			
WINTER HAVEN FL 33883				84 City			
				FL 85 Zip Code			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: PST ADEY, ROBERT P. STREET ADDRESS: 1616 FIRST ST. SE CITY-ST-ZIP: WINTER HAVEN FL 33880 <input type="checkbox"/> DELETE	<input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ST ADEY, MICHELLE STREET ADDRESS: 1616 FIRST ST. SE CITY-ST-ZIP: WINTER HAVEN FL 33880 <input type="checkbox"/> DELETE	<input type="checkbox"/>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Robert Adey SIGNATURE REQUIRED (Robert Adey) 7-1-99 941-294-7531

CR2E034 (5/99)



ROBERT P. ADEY, V. M. D.

CYPRESS ANIMAL HOSPITAL  
1616 FIRST STREET, S. E.  
WINTER HAVEN, FLORIDA 33880  
813 - 294-7531

G65577  
583478-90017-14

July 1, 1999

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Staff:

As advised by your staff member during a telephone conversation on July 1, 1999; we are enclosing a check for \$150.00 corporate filing fee. Apparently the second notice is actually our first, the fate of the former being unknown, as we never received it.

We do appreciate your understanding and help in this matter, as well as the courteous way our inquiry was handled.

Very Sincerely,

*Robert Adey*

Robert P. Adey, V.M.D.