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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H55701** **(7)**

1. Corporation Name

**VETERINARY CONSULTANTS, JERRY C. SPEARS, D.V.M., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| % JERRY C. SPEARS<br>2540 30TH AVE N.<br>ST PETERSBURG FL 33713 | 1163 36TH AVE NE<br>2540 30TH AVE N.<br>ST PETERSBURG FL 33704<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1985
3a. Date of Last Report: 06/13/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1401 SR 44 | 26 c/o 6950 Central Ave. |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 Suite 160 |
| City & State<br>23 Leesburg, FL | City & State<br>28 St. Petersburg, FL |
| Zip / Country<br>24 34748 / 25 Lake | Zip / Country<br>29 33707 / 30 Pinellas |

4. FEI Number: 59-2543707 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SPEARS, JERRY C., D.V.M.<br>1163 36TH AVE NE<br>ST PETERSBURG FL 33704 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 6950 Central Ave.<br>83 Suite 160<br>84 City: St. Petersburg, FL **FL** 85 Zip Code: 33707 |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PST | 11 TITLE | | ☒ Change ☐ Addition |
| NAME | SPEARS, JERRY C., D.V.M. | 12 NAME | | |
| STREET ADDRESS | 1163 36TH AVE NE | 13 STREET ADDRESS | 1401 SR 44 | |
| CITY ST ZIP | ST PETERSBURG FL | 14 CITY ST ZIP | Leesburg, FL 34748 | |
| TITLE | D | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | SPEARS, JERRY C., D.V.M. | 22 NAME | | |
| STREET ADDRESS | 1163 36TH AVE NE | 23 STREET ADDRESS | 1401 SR 44 | |
| CITY ST ZIP | ST PETERSBURG FL | 24 CITY ST ZIP | Leesburg, FL 34748 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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 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:** Jerry C. Spears DVM 4/26/95 904-585-4349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jerry C. Spears, D.V.M.

0306794 CP