

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H55701

1. Corporation Name

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

Principal Place of Business

1401 SR 44
2540 30TH AVE N
LEESBURG FL 34748
US

Mailing Address

C/O 6950 CENTRAL AVE.
SUITE 180
ST. PETERSBURG FL 33707
US



2. Principal Place of Business

21 500 EAST HWY 318

2a. Mailing Address

26 Suite, Apt. #, etc.

27 SUITE 180

28 City & State

29

30

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

Country

3. Date Incorporated or Qualified
05/01/1985

3a. Date of Last Report
05/01/1995

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

SPEARS, JERRY C., D.V.M.
6950 CENTRAL AVE.
SUITE 180
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

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

83 SUITE 180

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

Jerry C. Spears, D.V.M.

(NOTE: Registered Agent signature required when reinstating)

Revised

4/23/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
SPEARS, JERRY C., D.V.M.
1401 SR 44
LEESBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPEARS, JERRY C., D.V.M.
1401 SR 44
LEESBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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 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)(k), 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, D.V.M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

352-595-4418

CR2E034 (12/95)