

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 # **H93635** (1)

1. Corporation Name
MCKELVIE, GALE, AND ASSOCIATES D.V.M. P.A.



Principal Place of Business Mailing Address
920 COUNTRY CLUB BOULEVARD CAPE CORAL FL 33990

3. Date Incorporated or Qualified **01/10/1986** 3a. Date of Last Report **03/28/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

4. FEI Number **59-2626021** 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

**MCKELVIE, MILTON J., D.V.M.
920 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990**

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 *Milton J. McKelvie* DATE **1/17/96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when transferring.)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MCKELVIE, MILTON J.	
STREET ADDRESS	920 COUNTRY CLUB BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GALE, ANDREW J III	
STREET ADDRESS	920 COUNTRY CLUB BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, MARVA D	
STREET ADDRESS	920 COUNTRY CLUB BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KROLL, WILLIAM	
STREET ADDRESS	920 COUNTRY CLUB BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles Whitford	
1.3 STREET ADDRESS	920 Country Club Blvd	
1.4 CITY-ST-ZIP	CAPE CORAL, FL	
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		

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: *Milton J. McKelvie* DATE: **1/17/96** DAYTIME PHONE #: **574-6171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)