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 # **J48776** **(5)**

1. Corporation Name

STEVENS AND DEGROVE, D.V.M.,P.A.

Principal Place of Business

2716 N TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

2716 N TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **12/24/1986**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-2747179** [ ] 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

SIFRIT, ROBERT C.
2315 AARON ST.
PORT CHARLOTTE 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 607.0505 and 607.0506, 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. The 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: Registered Agent Signature Date

12. OFFICERS AND DIRECTORS

[ ] DELETE
D
STEVENS, JOHN D. DVM
2716 N TAMIAMI TRAIL
PT CHARLOTTE FL

[ ] DELETE
DV
DEGROVE, MARK S. DVM
2716 N TAMIAMI TRAIL
PT CHARLOTTE FL

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

[ ] Change [ ] Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

[ ] Change [ ] Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

[ ] Change [ ] Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

[ ] Change [ ] Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

[ ] Change [ ] Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

CR2E034 (12/95)

14. I hereby certify that the information supplied with 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 with an office title and address.

SIGNATURE: John D. Stevens D.V.M. 1/16/96 941-629-2126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone