

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90032 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J81693

1. Corporation Name
JOHN V. YELVINGTON, JR., D.V.M., P.A.



Principal Place of Business
3749 PLACID VIEW DRIVE
8123 U.S. HIGHWAY 301
LAKE PLACID FL 33852
US

Mailing Address
3749 PLACIDVIEW DRIVE
8123 U.S. HIGHWAY 301
LAKE PLACID FL 33852
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1987

4. FEI Number
59-2817927

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 ~~8123 U.S. HWY 301~~
Suite, Apt. #, etc.

2a. Mailing Address
2a ~~8123 U.S. HWY 301~~
Suite, Apt. #, etc.

22 City & State

23 City & State

24 Zip

25 Country

26 City & State

27 City & State

28 Zip

29 Country

30 Zip

9. Name and Address of Current Registered Agent
YELVINGTON, JOHN V.
8123 U.S. HIGHWAY 301
PARRISH FL 34219

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City Lake Placid FL 85 Zip Code 33852

11. Pursuant to the provisions of Sections 607.0562 and 607.1505, 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 *John V. Yelvington Jr.* JOHN V. YELVINGTON JR. DATE 4/15/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YELVINGTON, JOHN V. JR	
STREET ADDRESS	3749 PLACIDVIEW DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

14. 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, with all other like empowered.

SIGNATURE: *John V. Yelvington Jr.* John V. Yelvington Jr DATE 4/15/99 94/6992848

CR2E034 (1/98)