

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**

05 MAY -1 PM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J84050 (0)

1. Corporation Name

JENNIFER F. GONTAREK, D.V.M., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% JENFER F. GONTAREK 1010 EAST JOHN C. SIMS PARKWAY NICEVILLE FL 32578	% JENFER F. GONTAREK 1010 EAST JOHN C. SIMS PARKWAY NICEVILLE FL 32578

3. Date Incorporated or Qualified 07/23/1987	3a. Date of Last Report 05/09/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2862315	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONTAREK, JENNIFER F. 1010 EAST JOHN C. SIMS PARKWAY NICEVILLE FL 32578	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITESIDEM W JAMES	1.2 NAME	
STREET ADDRESS	92-C 2ND AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHAUMAR FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYLE, DON	2.2 NAME	
STREET ADDRESS	1010 JOHN SIMS PARKWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONTAREK, JENNIFER F.	3.2 NAME	
STREET ADDRESS	505 GREENWOOD COVE SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: Jennifer F. Gontarek **2/14/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Printed)