

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

**APPROVED
AND
FILED**

95 APR 19 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000060400 (6)

1. Corporation Name
EQUINE VETERINARY DENTAL INSTRUMENTS, INC.

Principal Place of Business Mailing Address

690 OSCEOLA AVE. #202 WINTER PARK FL 32789
690 OSCEOLA AVE. #202 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2603 N.W. 13th St.	26	2603 N.W. 13th St.	08/17/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	# 240	27	# 240	59-3259284	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Gainesville, FL	28	Gainesville, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip		Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
24	32609	29	32609	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country			
25	USA	30	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEARS, PAMELA P 690 OSCEOLA AVE. #202 WINTER PARK FL 32789				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASLEY, KENNETH J	1.2 NAME	
STREET ADDRESS	21 CHEROKEE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHELBYVILLE KY 40085	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, DANIEL J	2.2 NAME	
STREET ADDRESS	4120 SOUTH 31ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE 68502	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEARS, STEPHEN A	3.2 NAME	
STREET ADDRESS	299-15 DIAMOND VILLAGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32603	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)(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:  STEPHEN A. SEARS 1/23/95 904-846-5718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)