

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000088359 (2)**

1. Corporation Name
RANDY PEEL, D.V.M., P.A.



Principal Place of Business: **4297 LAFAYETTE ST MARIANNA FL 32446**
Mailing Address: **4297 LAFAYETTE ST MARIANNA FL 32446**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **12/06/1994**
3a. Date of Last Report: **02/10/1995**
4. FET Number: **59-3282796**
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
**PEEL, RANDY
4297 LAFAYETTE ST
MARIANNA FL 32446**

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 607.0502 and 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Current Registered Agent) _____ (New Registered Agent)

12. OFFICERS AND DIRECTORS
NAME: **D PEEL, RANDY**
STREET ADDRESS: **RT 5 BOX 271**
CITY, ST, ZIP: **CHIPLEY FL 32428**
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY, ST, ZIP: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY, ST, ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE: Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE: Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE: Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE: Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE: Change Addition
62 NAME
63 STREET ADDRESS
64 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: Randy Peel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/95 (904) 526-1031
SECRETARY OF STATE

CR2E034 (12/95)