

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000004931 (8)

1. Corporation Name

PAUL H. LANGSTON, DVM, P.A.

Principal Place of Business

19651 BRUCE B. DOWNS BLVD.
SUITE D5
TAMPA FL 33647

Mailing Address

19651 BRUCE B. DOWNS BLVD.
SUITE D5
TAMPA FL 33647

FILED
97 JUL 25 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1995	3a. Date of Last Report 03/20/1996
4. FEI Number 59-3302699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BASTIAN, DAVID A
15310 AMBERLY DR.
SUITE 250
TAMPA FL 33647

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME LANGSTON, PAUL H
STREET ADDRESS 19651 BRUCE B. DOWNS BLVD., STE. D5
CITY-ST-ZIP TAMPA FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900002252659--5
-07/30/97--01076--024
****165.00 ****165.00

Handwritten signature

14. I do 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 in an attachment with an address.

SIGNATURE

7-77-87 812-972-851

CR2E034 (4/97)

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TO WHOM IT MAY CONCERN:

WE RECEIVED THE SECOND NOTICE REPORT
BEFORE WE HAVE EVER RECEIVED THE FIRST.
WE ALWAYS SEND IMPORTANT DOCUMENTS, SUCH
AS THIS BEFORE THE DUE DATE. WE DO NOT
KNOW WHAT HAPPENED TO THE FIRST REPORT,
BUT IT WAS NOT EVER DELIVERED TO
PEBBLE CREEK ANIMAL HOSPITAL
19651 BRUCE B. DOWNS BLVD
STE D-5
TAMPA, FL 33647.

THANK YOU.

Paul H. Langston
PAUL H. LANGSTON, DVM

Paul H. Langston, DVM

Pebble Creek Collection
19651 Bruce B. Downs Blvd
Suite D-5
Tampa, FL 33647

(813) 973-8566