

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90012 048 \*\*\*150.00

DOCUMENT # **V05163**

1. Corporation Name

**BEN S. SHOMPER, D.V.M., P.A.**

Principal Place of Business

**4830 SW 7TH AVE  
OCALA FL 34474  
US**

Mailing Address

**P.O. BOX 399  
BELLEVUE FL 34421**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/01/1992**

4. FEI Number

**59-3098898**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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 7895 S.E. 135th St.**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 Suite, Apt. #, etc.**

22 City & State

**23 Summerfield, FL**  
Zip Country

27 City & State

**28**  
Zip Country

24 34491

25 US

29

30

9. Name and Address of Current Registered Agent

**SHOMPER, BEN S  
4830 SW 7TH AVE  
OCALA FL 34474**

10. Name and Address of New Registered Agent

81 Name

**Ben S. Shomper (same)**

82 Street Address (P.O. Box Number is Not Acceptable)

**7895 S.E. 135th St.**

83

84 City

**Summerfield, FL**

85 Zip Code

**34491**

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 **BEN S. SHOMPER**

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 **PSTD** ☐ DELETE  
NAME **SHOMPER, BEN S**  
STREET ADDRESS **P.O. BOX 399 N/A**  
CITY-ST-ZIP **BELLEVUE FL 34421**

TITLE **C** ☐ DELETE  
NAME **SHOMPER, BEN**  
STREET ADDRESS **P.O. BOX 399 N/A**  
CITY-ST-ZIP **BELLEVUE FL 34421**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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 ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**BEN S. SHOMPER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ben S. Shomper (Pres)**

**04/16/99**

**352-867-3638**

CR2E034 (11/98)