

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 489400 (2)

1. Corporation Name

JACQUE V. LEBEAU, P.A., DOCTOR OF DENTAL MEDICIN
E

Principal Place of Business

1401 NORTH PALAFOX
PENSACOLA FL 32501

Mailing Address

1401 NORTH PALAFOX
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/28/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1615230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

25

Zip

28

Country

30

9. Name and Address of Current Registered Agent

LEBEAU, JACQUE V.
1401 N PALAFOX ST
PENSACOLA FL 32501

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 609.01, 609.02, and 607, 1908, 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 to obligate myself or myself, Florida Statutes.

SIGNATURE

Jacqueline LeBeau

(REGIST. Registered Agent signature required when registering)

DATE

3/1/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEBEAU, JACQUE V.
STREET ADDRESS	1401 N PALAFOX ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	S
NAME	LEBEAU, MARGARET B.
STREET ADDRESS	1401 N PALAFOX ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	LEBEAU, MARGARET B.
STREET ADDRESS	1401 N PALAFOX ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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	☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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. I am an officer or director of the corporation and no receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or 13 as a change of corporation with an address.

SIGNATURE

Jacqueline LeBeau and *JACQUE LEBEAU*

3/1/95

434-1964

Exemption 119.07(3)(A)