

3-14-97 B-32471 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # **489400** (2)
1. Corporation Name
**JACQUE V. LEBEAU, P.A., DOCTOR OF DENTAL MEDICIN
E**



Principal Place of Business Mailing Address
**1401 NORTH PALAFOX
PENSACOLA FL 32501** **1401 NORTH PALAFOX
PENSACOLA FL 32501-2642**

2. Principal Place of Business

21 State Ass. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
10/28/1975

3a. Date of Last Report
01/22/1996

4. FEI Number
59-1615230

Applied For
Not Applicable

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

**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 607.0532 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 and am familiar with and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of corporation (must be signed by a duly authorized officer)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE	PD	☐ DELETE
1.2 NAME	LEBEAU, JACQUE V.	
1.3 STREET ADDRESS	1401 N PALAFOX ST	
1.4 CITY-ST-ZIP	PENSACOLA FL	
2.1 TITLE	S	☐ DELETE
2.2 NAME	LEBEAU, MARGARET B.	
2.3 STREET ADDRESS	1401 N PALAFOX ST	
2.4 CITY-ST-ZIP	PENSACOLA FL	
3.1 TITLE	D	☐ DELETE
3.2 NAME	LEBEAU, MARGARET B.	
3.3 STREET ADDRESS	1401 N PALAFOX ST	
3.4 CITY-ST-ZIP	PENSACOLA FL	
4.1 TITLE		☐ DELETE
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ DELETE
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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 contained 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 registered 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 that changed or added appointment with an address.

SIGNATURE: *Jacqueline Lebeau*

SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/97

904-434-1964

CR2E034 (9/96)