

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 489400 (2)
1. Corporation Name
JACQUE V. LEBEAU, P.A., DOCTOR OF DENTAL MEDICIN
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Principal Place of Business 1401 NORTH PALAFOX PENSACOLA FL 32501	Mailing Address 1401 NORTH PALAFOX PENSACOLA FL 32501
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1975	
21		26		4. FEI Number 59-1615230	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEBEAU, JACQUE V. 1401 N PALAFOX ST PENSACOLA FL 32501				81	Name		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	LEBEAU, JACQUE V.			1.2 NAME			
STREET ADDRESS	1401 N PALAFOX ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	LEBEAU, MARGARET B.			2.2 NAME			
STREET ADDRESS	1401 N PALAFOX ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	LEBEAU, MARGARET B.			3.2 NAME			
STREET ADDRESS	1401 N PALAFOX ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE

[Handwritten Signature]

3/15/98

840-1474 100610

CR2E034 (10/97)