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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

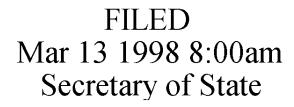
DOCUMENT # 1. Corporation Name 489400

(2)

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

Principal Place of Business

Mailing Address





1401 NORTH PALAFOX PENSACOLA FL 32501		1401 NORTH PALAFOX PENSACOLA FL 32501				DO NOT WRITE IN THIS S	PACE			
!						3. Date Incorporated or Qualified 10/28/1975	•			
2. Principal P	lace of Business	2a. Mailing Address 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			
City & Stat	е	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Ζ(p 29	Count	try] Yes	_	ingible No	
	9. Name and Address of Currer	nl Registered Agent				10. Name and Address of New Registered A	gent			
	BEAU, JACQUE V.		8	11	Name					
	01 N PALAFOX ST NSACOLA FL 32501					ddress (P.O. Box Number is Not Acceptable)				
			8	3					<u></u>	
			8	4	City	FL	85	Zip C	ode	
11. Pursuant office or reacent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblid.	2 and 607.1508, Florida Sta of Florida Such change wa ations of Section 607.0505.	itutes, the abo as authorized Florida Statut	by t	named corporation	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changi intmer	ng its it as r	registered egistered	
SIGNATURE	Signature typed or printed name of registured age					ed when reinstating) DATE				
12.	OFFICERS ANI		13.	·90···	. signature rodule	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS	S IN 12	
TITLE	PO	☐ DELETE	1.1 TITLE				Cha	nge	Addition	
NAME	LEBEAU, JACQUE V.		1.2 NAM	E						
STREET ADDRESS	1401 N PALAFOX ST		1.3 STRE	ET A	address					
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY	- ST -	- 2iP					
TITLE			2.1 TITLE	•			Cha	nge	☐ Addition	
NAME	LEBEAU, MARGARET B. 1401 N PALAFOX ST		2.2 NAM							
STREET ADDRESS	PENSACOLA FL		2.3 STRE							
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY 3.1 TITLE		- ZIP		Chai	NIE	Addition	
NAME	LEBEAU, MARGARET B.	- Decent	3.2 NAM			·				
STREET ADDRESS	1401 N PALAFOX ST		3.3 STRE		ADDRESS					
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY						į	
TITLE		☐ DELETE	4.1 TITLE	_			Chai	nge	Addition	
NAME			4.2 NAM	ΙE						
STREET ADDRESS			4.3 STRE	ET A	ODRESS					
CITY-ST-ZIP			4.4 CITY		- ZIP		7.5		- 1 min	
TALE		☐ DELETE	5.1 TITLE			l	Char	nge	Addition	
NAME			5.2 NAM							
STREET ADORESS			5.3 STRE							
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITLE	_	·ZIP		Char	nne	☐ Addition	
TITLE NAME		□ DECENT	6.2 NAM			'		ηg	☐ MUUIUUII	
STREET ADORESS			6.3 STRE		nnesss					
CITY-ST-ZIP			6.4 CITY							

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 ennual 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 this stee 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 for on an Attarfurchty with an address.

3/108