

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **690468** (4)

1. Corporation Name  
**C.K. OWENS, D.D.S., P.A.**



Principal Place of Business Mailing Address  
**EGMONT PROFESSIONAL PARK  
1947 CITRONA DRIVE  
FERNANDINA BEACH FL 32034**  
**1947 CITRONA DR  
BLDG B  
FERNANDINA BEACH FL 32034  
US**

3. Date Incorporated or Qualified **07/01/1981** 3a. Date of Last Report **03/13/1995**  
4. FEI Number **59-2097256** 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

2. Principal Place of Business 2a. Mailing Address  
21] Suite, Apt. #, etc. 26] Suite, Apt. #, etc.  
22] City & State 27] City & State  
23] Zip Country 28] Zip Country  
24] 25] 29] 30]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWENS, C.K.  
1325 ATLANTIC AVE  
FERNANDINA BEACH FL 32034**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature for the individual or registered agent, if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME  DELETE  
**P OWENS, C K**  
2. STREET ADDRESS **1325 ATLANTIC AVE**  
3. CITY-ST-ZIP **FERNANDINA BEACH FL**  
4. TITLE  DELETE  
5. NAME  DELETE  
6. STREET ADDRESS  
7. CITY-ST-ZIP  
8. TITLE  DELETE  
9. NAME  DELETE  
10. STREET ADDRESS  
11. CITY-ST-ZIP  
12. TITLE  DELETE  
13. NAME  DELETE  
14. STREET ADDRESS  
15. CITY-ST-ZIP

1. 1. TITLE  Change  Addition  
2. 12 NAME  
3. 13 STREET ADDRESS  
4. 14 CITY-ST-ZIP  Change  Addition  
5. 2. 1 TITLE  Change  Addition  
6. 2. 2 NAME  
7. 2. 3 STREET ADDRESS  
8. 2. 4 CITY-ST-ZIP  Change  Addition  
9. 3. 1 TITLE  Change  Addition  
10. 3. 2 NAME **000001741060**  
11. 3. 3 STREET ADDRESS **-03/13/96--01033--014**  
12. 3. 4 CITY-ST-ZIP **\*\*\*200.00**  
13. 4. 1 TITLE  Change  Addition  
14. 4. 2 NAME  
15. 4. 3 STREET ADDRESS  
16. 4. 4 CITY-ST-ZIP  Change  Addition  
17. 5. 1 TITLE  Change  Addition  
18. 5. 2 NAME  
19. 5. 3 STREET ADDRESS **000001741087**  
20. 5. 4 CITY-ST-ZIP **-03/13/96--01030--000**  
21. 6. 1 TITLE  Change  Addition  
22. 6. 2 NAME  
23. 6. 3 STREET ADDRESS  
24. 6. 4 CITY-ST-ZIP

14. I do 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)(k), 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 checked, or as an attachment with an address.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. K. Owens (904) 261-7181  
Date: 3/6/96

CR2E034 (12/95)