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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 690468 (4)

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



Principal Place of Business: EGMONT PROFESSIONAL PARK, 1947 CITRONA DRIVE, FERNANDINA BEACH FL 32034
Mailing Address: 1947 CITRONA DR, BLDG B, FERNANDINA BEACH FL 32034-4492, US

3. Date Incorporated or Qualified: 07/01/1981
3a. Date of Last Report: 03/12/1996
4. FEI Number: 59-2097256
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: [X] Yes [] No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
OWENS, C.K.
1325 ATLANTIC AVE
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 6 rows for Officers and Directors (Block 12). Each row includes Title, Name, Street Address, City, State, and Zip, with a 'DELETE' checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors in 12 (Block 13). Each row includes Title, Name, Street Address, City, State, and Zip, with 'Change' and 'Addition' checkboxes.

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 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.
C. K. Owens (904) 261-7181

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

CR2E034 (9/96)