

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:45

DOCUMENT # F07858 (6)

1. Corporation Name

JOAN M. FLACH LENZE, D.D.S., P.A.

Principal Place of Business

**2390 W. OLD HIGHWAY 441
SUITE #1
MOUNT DORA FL 32757**

Mailing Address

**2390 W. OLD HIGHWAY 441
SUITE #1
MOUNT DORA FL 32757**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/01/1980

3a. Date of Last Report

03/22/1994

4. FEI Number

59-2038550

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

21 2230 W. Old Hwy. 441

Suite, Apt. #, etc.

22

City & State

23 Mt. Dora, FL

Zip

24 32757

Country

25 US

2a. Mailing Address

26 2230 W. Old Hwy. 441

Suite, Apt. #, etc.

27

City & State

28 Mt. Dora, FL

Zip

29 32757

Country

30 US

9. Name and Address of Current Registered Agent

**KEEDY, JAMES F.
733 N. THIRD ST.
P. O. BOX 483210
LEESBURG FL 34749-0210**

10. Name and Address of Now 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 607.0502 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDS**
NAME **FLACH-LENZE, JOAN M.**
STREET ADDRESS **600 OLD EUSTIS RD.**
CITY - ST - ZIP **MT DORA, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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 changed, or on an attachment with an address.

SIGNATURE:

Joan Flach Lenze DDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN FLACH LENZE DDS

4-3-95

Date

904.383-2959

Telephone Number