

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 9:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H65961 (5)

1. Corporation Name

E. JOSEPH LECOMPTE, D.D.S., M.S., P.A.

Principal Place of Business

Mailing Address

**C/O MORRIS A. LECOMPTE
100 SECOND AVENUE SOUTH, SUITE 1202
ST. PETERSBURG FL 33701**

**C/O MORRIS A. LECOMPTE
100 SECOND AVENUE SOUTH, SUITE 1202
ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/11/1985** 3a. Date of Last Report **03/11/1994**

4. FEI Number **59-2552543** 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 **3890 Turtle Creek Dr**

26 Suite, Apt. #, etc.

22 **Suite A**

27 Suite, Apt. #, etc.

23 **Port Orange, FL**

28 City & State

24 **32127**

25 **USA**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LECOMPTE, MORRIS A.
100 SECOND AVENUE SOUTH
SUITE 1202
ST. PETERSBURG FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
100 Second Avenue South

83 **Suite 1201**

84 City

St. Petersburg

FL

85 Zip Code **33701**

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 re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**
NAME **LECOMPTE, E. JOSEPH, JR.**
STREET ADDRESS **3890 TURTLE CREEK DR**
CITY - ST - ZIP **PORT ORANGE FL 32127**

1.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

E. Joseph LeCompte

E. Joseph LeCompte

4/20/95 (904) 761-5440

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone Number