

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 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V35106 (6)

1. Corporation Name
SMITH/HAIST DENTAL LABORATORY, INC.

Principal Place of Business Mailing Address
**2501 U.S. ALTERNATE 19
SUITE 1
PALM HARBOR FL 34683** **2501 U.S. ALTERNATE 19
SUITE 1
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **05/11/1992** 3a. Date of Last Report: **04/07/1994**
4. FEI Number: **59-3123032** 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 **2660 WEST LAKE RD** 26 **2660 WEST LAKE RD**
State, Apt. #, etc. Suite, Apt. #, etc.
22 City & State: **PALM HARBOR FL.** 27 City & State: **PALM HARBOR FL**
23 **34684** 24 **USA** 29 **34684** 30 **USA**

9. Name and Address of Current Registered Agent
**SMITH, TIMOTHY J.
2501 U.S. ALTERNATE 19
SUITE 1
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent
81 Name: **SMITH, TIMOTHY R.**
82 Street Address (P.O. Box Number is Not Acceptable): **2660 WEST LAKE RD.**
83
84 City: **PALM HARBOR** FL 85 Zip Code: **34684**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Timothy R. Smith* DATE: **4-24-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TIMOTHY R.	1.2 NAME	SMITH, TIMOTHY R.
STREET ADDRESS	2501 U.S. ALTERNATE 19	1.3 STREET ADDRESS	2660 WEST LAKE RD
CITY - ST - ZIP	PALM HARBOR FL	1.4 CITY - ST - ZIP	PALM HARBOR FL 34684
TITLE	D	2.1 TITLE	VT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIST, SCOTT J.	2.2 NAME	HAIST, SCOTT J.
STREET ADDRESS	2501 U.S. ALTERNATE 19	2.3 STREET ADDRESS	2660 WEST LAKE RD
CITY - ST - ZIP	PALM HARBOR FL	2.4 CITY - ST - ZIP	PALM HARBOR FL 34684
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110 (17)(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 on the attachment with an address.

SIGNATURE: *Timothy R. Smith* DATE: **4-24-95** 8137678487