

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 12 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 194138 (4)

1. Corporation Name
HO DENT CORPORATIONPrincipal Place of Business
6727 1ST AVENUE SOUTH
#210
SAINT PETERSBURG FL 33707
USMailing Address
6727 1ST AVENUE SOUTH
#210
SAINT PETERSBURG FL 33707-1341
US

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

3. Date Incorporated or Qualified

06/26/1956

3a. Date of Last Report

04/26/1996

4. FEI Number

59-6075618

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLISON, WILLIAM E
221 SECOND AVENUE NORTH
SAINT PETERSBURG FL 33731

10. Name and Address of New Registered Agent

81 Name

PAUL K. HEISTAND

82 Street Address (P.O. Box Number is Not Acceptable)

221 Second Avenue North

83

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: *Paul K. Heistand* Paul K. Heistand

02/06/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST ☒ DELETE
NAME ALLISON, WILLIAM E
STREET ADDRESS 221 SECOND AVE NORTH
CITY - ST - ZIP TREASURE ISLAND, FL00000TITLE PD ☐ DELETE
NAME HOUGH, E.E.
STREET ADDRESS 6727 1ST AVENUE S., #110
CITY - ST - ZIP ST. PETERSBURG FLTITLE VD ☒ DELETE
NAME AYERS, LOUISE W.
STREET ADDRESS 6727 1ST AVENUE S., #110
CITY - ST - ZIP ST. PETERSBURG FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE P/S/T/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE: *E.E. Hough* E.E. Hough, Pres 02/06/97 (813) 360-2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)