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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 300708 (5)

1. Corporation Name

TRI-TECH DENTAL LABORATORY, INC.



Principal Place of Business

2544 CAPITAL MEDICAL BLVD  
BOX 10  
TALLAHASSEE FL 32308

Mailing Address

2544 CAPITAL MEDICAL BLVD  
BOX 10  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

01/10/1966

3a. Date of Last Report

05/01/1995

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

24

25

29

30

9. Name and Address of Current Registered Agent

WARD, TED  
2544 CAPITAL MEDICAL BLVD  
BOX 10  
TALLAHASSEE FL 32308

10. Name and Address of New 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 not stated)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
WARD, TED  
STREET ADDRESS 7877 CABIN HILL ROAD  
CITY-ST-ZIP TALLAHASSEE FL

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VPD  
LEDBETTER, KYLE  
STREET ADDRESS 2544 CAPITAL MEDICAL BLVD.  
CITY-ST-ZIP TALLAHASSEE FL

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME STD  
KLEIN, DONNA  
STREET ADDRESS 2544 CAPITAL MEDICAL BLVD.  
CITY-ST-ZIP TALLAHASSEE FL

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted Ward

Date:

Daytime Phone #

CR2E034 (12/95)