

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 369373 (6)

1. Corporation Name

SCHNEIDER'S DENTAL LABORATORY, INC.



Principal Place of Business

5015 N. CLARK STREET
TAMPA FL 33614

Mailing Address

5015 N. CLARK STREET
TAMPA FL 33614

3. Date Incorporated or Qualified 09/04/1970	3a. Date of Last Report 01/24/1995
4. FEI Number 59-1302589	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. Suite, Apt. #, etc.	26. 5015 N. CLARK AV
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SCHNEIDER,UDO H
5015 N CLARK ST
TAMPA FL 33614

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of person who is acting as registered agent

Signature of person who is acting as registered agent

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
PD SCHNEIDER,UDO H 5116 HOMER AVE TAMPA FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
D SCHNEIDER,GISELA 5116 HOMER AVE TAMPA FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
T SCHNEIDER,UDO H 5116 HOMER AVE TAMPA FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
V WALSTON, JOY 3404 WALLCRAFT AVE TAMPA FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
☐ DELETE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
☐ DELETE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
☐ DELETE	

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: Joy Walston JOY WALSTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-96 813-877-4649
Date Date of Filing #

CR2E034 (12/95)