

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 3:43

DOCUMENT # 380280 (8)

1. Corporation Name

CONWAY DENTAL LABORATORIES, INC.

Principal Place of Business

Mailing Address

P O BOX 41606
5532 FLORAL AVE.
JACKSONVILLE FL 32211-6820

P O BOX 41606
5532 FLORAL AVE.
JACKSONVILLE FL 32211-6820

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/12/1971

3a. Date of Last Report

02/22/1994

4. FEI Number

59-1324173

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 2063 Gilmore Street

26 P.O. Box 41606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Jacksonville, FL

27 City & State
28 JACKSONVILLE, FL

24 Zip
32204

25 Country
DUVAL

29 Zip
32203

30 Country
DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMMONS, CHESTER C
5532 FLORAL AVE
JACKSONVILLE FL 32211**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SIMMONS, CHESTER C
5532 FLORAL AVE
JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SIMMONS, DORIS
5532 FLORAL AVE.
JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
HUTCHINSON, LINDA
6551 OAK DR
GREEN COVE SPRGS FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SIMMONS, DARRELL
3050A CLAIRMONT RD., N.E
ATLANTA GA**

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

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Chester C. Simmons
Signature and Title or Printed Name of Working Officer or Director

CHESTER C. SIMMONS 904-354-4467 2/17/95

Date

Telephone (Area #)