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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jan 22 1998 8:00am

Secretary of State

	1930				
1. Corporatio	MENT # 46635 M H. RUPPERT, JR., D.D.	` '		4 188(d) 81318 Siliet 81708 17101 Silve 8771 81811 A	
5					
Principal Plac		Mailing Address			1911 41411 91811 91411 91611 1941
1775 ROCKLEDGE DRIVE 448 MAGNOLIA AVENUE ROCKLEDGE FL 32955 US		1775 ROCKLEDGE DR 446 MAGNOLIA AVENUE ROCKLEDGE FL 32955 US		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				12/17/1974	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1566469	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	Ð	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Registere	
RU	IPPERT JR, WILLIAM H. D.D.S.		81 Name		
1775 ROCKLEDGE DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	OCKLEDGE FL 32953		or our our rad		
			63		
			84 City		85 Zip Code
				F	L `
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statute: le of Florida, Such change was au	s, the above-named corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statules.	non a social of all octors. Thereby according to	ppointmont as registered
SIGNATURE	Water 1	purpost for			
12.	Signature, typed or printed name of registered as	ND DIRECTORS (NOTE	Ringistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CITANGES TO OTT ICE IS AT	Change Addition
NAME	RUPPERT JR, WILLIAM H.	_	1.2 NAME		
STREET ADDRESS	1775 ROCKLEDGE DR.		1.3 STREET ADDRESS		Í
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP		1
TITLE		☐ DELETE	2.1 7ITLE		Change Addition
NAME			2.2 NAME		1
STREET ADDRESS			2.3 STREET ADDRESS		İ
City-St-Zip		<u> </u>	2. 4 C(1Y-ST-Z)P		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME]
STREET ADDRESS			3 3 STREET ADDRESS		Į
CITY-ST-ZIP		DELETE	3.4. C(TY - ST - Z)P		Change Addition
TITLE		LJ pricic	4.1 TITLE		Change Dyagnan
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		{
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		İ
CITY-ST-ZIP			5.4 City - ST- ZIP		}
TITLE		☐ DELET€	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		Ì
CITY-ST-7/P			6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filling 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.

4.11 11 Q VI VIII H P. - - To 1/2/12 402-132-3-