


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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90067 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 466730

1. Corporation Name
WILLIAM E. SCHMIDT, D.D.S., P.A.



Principal Place of Business 400 AVE K. SOUTHEAST WINTER HAVEN FLORIDA 33880	Mailing Address 400 AVE K. SOUTHEAST WINTER HAVEN FLORIDA 33880
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>1260 W. LK. HAMILTON DR</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>1260 W. LK. HAMILTON DR</u> Suite, Apt. #, etc.
City & State 23 <u>WINTER HAVEN FL</u>	City & State 28 <u>WINTER HAVEN FL</u>
Zip Country 24 <u>33881</u> 25 <u>USA</u>	Zip Country 29 <u>33881</u> 30 <u>USA</u>

3. Date Incorporated or Qualified. 12/28/1974	Applied For Not Applicable
4. FEI Number 59-1566614	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SCHMIDT, WILLIAM E.
 400 AVE K SOUTHEAST
 WINTER HAVEN FLORIDA 33880

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<u>1260 W. LK. HAMILTON DR</u>
83	
84 City	<u>WINTER HAVEN FL</u>
85 Zip Code	<u>33881</u>

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, WILLIAM E		1.2 NAME		
STREET ADDRESS	400 AVE K SOUTHEAST		1.3 STREET ADDRESS	<u>1260 W. LK. HAMILTON DRIVE</u>	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		1.4 CITY-ST-ZIP	<u>WINTER HAVEN FL 33881</u>	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: William E. Schmidt **WILLIAM E. SCHMIDT** 3/29/99 941-294-1189
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)