

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 488749

(3)

1. Corporation Name

LAMAR HATCHER, JR., D.D.S., P.A.



Principal Place of Business

2516 N.W. 43RD ST.
GAINESVILLE FL 32606-6612

Mailing Address

2516 N.W. 43RD ST.
GAINESVILLE FL 32606-6612

3. Date Incorporated or Qualified 11/01/1975	3a. Date of Last Report 03/03/1995
4. FEI Number 59-1640855	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. 190.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
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

HATCHER, LAMAR, JR., D.D.S.
2516 N.W. 43RD ST.
GAINESVILLE FL

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.012 and 607.150, 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. This 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 provisions of Section 607.060, Florida Statutes.

SIGNATURE

[Signature]

Not Required Agent Signature Required on Change

043L

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	PD	☐ DELETE	1. TITLE		☐ Change ☐ Addition
2. NAME	HATCHER, LAMAR, JR.		2. NAME		
3. STREET ADDRESS	2516 N.W. 43RD ST.		3. STREET ADDRESS		
4. CITY, ST., ZIP	GAINESVILLE FL		4. CITY, ST., ZIP		
5. TITLE	V	☐ DELETE	5. TITLE		☐ Change ☐ Addition
6. NAME	CHITUM, EDD C.		6. NAME		
7. STREET ADDRESS	2516 N.W. 43RD ST.		7. STREET ADDRESS		
8. CITY, ST., ZIP	GAINESVILLE FL		8. CITY, ST., ZIP		
9. TITLE	S	☐ DELETE	9. TITLE		☐ Change ☐ Addition
10. NAME	DELL, JAMES M., III		10. NAME		
11. STREET ADDRESS	2516 N.W. 43RD ST.		11. STREET ADDRESS		
12. CITY, ST., ZIP	GAINESVILLE FL		12. CITY, ST., ZIP		
13. TITLE		☐ DELETE	13. TITLE		☐ Change ☐ Addition
14. NAME			14. NAME		
15. STREET ADDRESS			15. STREET ADDRESS		
16. CITY, ST., ZIP			16. CITY, ST., ZIP		
17. TITLE		☐ DELETE	17. TITLE		☐ Change ☐ Addition
18. NAME			18. NAME		
19. STREET ADDRESS			19. STREET ADDRESS		
20. CITY, ST., ZIP			20. 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 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 registered or trustee, or 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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DUPLICATE REPORT

CR2E034 (12/95)