FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 9:56

DOCUMENT # 493325 (5)

1. Corporation Name

W. DALE HAMMONS, D.D.S., P.A.

Principal Place of Business	Mailing Address
2327 U S HIGHWAY 90 WEST P O BOX 590 LAKE CITY FL 32055	2327 U S HIGHWAY 90 WEST P O BOX 590 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1975
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1638974 — 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
24 Zip 32056 — 25 Country	29 Zip 32056 — 30 Country

9. Name and Address of Current Registered Agent

HAMMONS, W. DALE
LIVE OAK HWY.
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 1 TITLE ☐ Change ☐ Addition
NAME	HAMMONS, W. DALE	1 2 NAME
STREET ADDRESS	LIVE OAK HWY.	1 3 STREET ADDRESS
CITY-ST-ZIP	LAKE CITY FL	1 4 CITY-ST-ZIP
TITLE	S	2 1 TITLE ☐ Change ☐ Addition
NAME	HAMMONS, CAROLYN C	2 2 NAME
STREET ADDRESS	LIVE OAK HWY	2 3 STREET ADDRESS
CITY-ST-ZIP	LAKE CITY FL	2 4 CITY-ST-ZIP
TITLE		3 1 TITLE ☐ Change ☐ Addition
NAME		3 2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY-ST-ZIP		3 4 CITY-ST-ZIP
TITLE		4 1 TITLE ☐ Change ☐ Addition
NAME		4 2 NAME
STREET ADDRESS		4 3 STREET ADDRESS
CITY-ST-ZIP		4 4 CITY-ST-ZIP
TITLE		5 1 TITLE ☐ Change ☐ Addition
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY-ST-ZIP		5 4 CITY-ST-ZIP
TITLE		6 1 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY-ST-ZIP		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 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.

SIGNATURE: [signature] William Dale Hammons 3-8-95 904-752-1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0008100 CP