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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 19 1998 8:00am Secretary of State

	MENT # 51634 E. HALL, JR., D.M.D., P./				
Principal Place of Business Mailing Address					018/4 01074 010/1 5/0/1 HODI
2400 MICHIGAN AVE SUITE 11 PENSACOLA FL \$2526		2400 MICHIGAN AVE SUITE 11 PENSACOLA FL 32526			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	SPACE
				10/13/1976	
2. Principal F	Place of Business	2a. Mailing Address	· ·	4. FEI Number	Applied For
21		26		59-1925220	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		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 cui	
24	25	29	30		Yes No
	Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
	LL, KAREN M.		81 Name		•
11552 CLEAR CREEK DR. PENSACOLA FL 32514			82 Street A	Address (P.O. Box Number is Not Acceptable)	
			-		
			83		
			84 City	FL	85 Zip Code
44 6	10.000	500 1 007 4500 Ft-1d- 04-		corporation submits this statement for the purpose o oration's board of directors. I hereby accept the app	1
SIGNATURE	Signature Typod or printed name of registered a		NOTE: Registered Agent signature		
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	HALL, JAMES E. JR.		1.2 NAME		
STREET ADDRESS	11552 CLEAR CREEK DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME]		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE			5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP	÷		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZiP			6.4 CITY-S1-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.

CICNIATION

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May 1 1992 VKD QUIGLES