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93 MAY -1 AM 4:43

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Carolee B. Northrup
Secretary of State
Tallahassee, Florida 32399-0001

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 518862 (8)

1. Corporation Name

EDWIN C. LEONARD, JR., D.D.S., P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
115 EAST PALM DRIVE LAKELAND FL 33803		115 EAST PALM DRIVE LAKELAND FL 33803	

2. Principal Place of Business	2a. Mailing Address
21. State (Print)	26. State (Print)
22. City & State	27. City & State
23. City & State	28. City & State
24. City	25. Country
29. City	30. Country

3. Date incorporated (or 2 years)	3a. Date of Last Report
12/01/1976	04/05/1994
4. FEI Number	Applied For
59-1701323	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. The corporation has liability for intangible tax under S. 199.02, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEONARD, EDWIN C. JR. 115 EAST PALM DRIVE LAKELAND FL 33803		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 607.01(2), and 607.1508 Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. I am hereby authorized to accept the designation of Section 607.1502, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Corporation Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	PD LEONARD, EDWIN JR. 4133 FOREST HILL DR. LAKELAND FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
NAME		4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY & STATE		15. CITY & STATE	
NAME		16. NAME	☐ Change ☐ Addition
STREET ADDRESS		17. STREET ADDRESS	
CITY & STATE		18. CITY & STATE	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not equally for the reasons stated in this report. I hereby certify that the information is complete and that the 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 agent or both incorporated to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Edwin C. Leonard, Jr.* EDWIN C. LEONARD, JR. 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR