

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

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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 525231 (7)

1. Corporation Name
JOHN C. GILMORE, JR., D.M.D., P.A.

Principal Place of Business
1759 CREIGHTON RD
PENSACOLA FL 32504

Mailing Address
1759 CREIGHTON RD
PENSACOLA FL 32504-7145



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/10/1977	3a. Date of Last Report 04/10/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-1783017	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
GILMORE, JOHN C. JR.
1759 CREIGHTON ROAD
PENSACOLA FL 32504

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. To whom a copy and accept the obligations of Section 607.0505, Florida Statutes

SIGNATURE: *John C. Gilmore, Jr. DMD* DATE: 3/20/97

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE PD	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME GILMORE, JOHN JR.	1.2 NAME
13. STREET ADDRESS 1754 CREIGHTON ROAD	1.3 STREET ADDRESS 1759
14. CITY-STATE-ZIP PENSACOLA FL	1.4 CITY-STATE-ZIP
21. TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	2.2 NAME
23. STREET ADDRESS	2.3 STREET ADDRESS
24. CITY-STATE-ZIP	2.4 CITY-STATE-ZIP
31. TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	3.2 NAME
33. STREET ADDRESS	3.3 STREET ADDRESS
34. CITY-STATE-ZIP	3.4 CITY-STATE-ZIP
41. TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP	4.4 CITY-STATE-ZIP
51. TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP	5.4 CITY-STATE-ZIP
61. TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP	6.4 CITY-STATE-ZIP

14. I declare by certifying that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reported 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 or on an attachment with an address.

SIGNATURE: *John C. Gilmore, Jr. DMD* DATE: 3/20/97 (904) 476-4283

CR2E034 (9/96)