

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 # 525844

(7)

1. Corporation Name

DENTIPAROUS LAB, INC.



Principal Place of Business

7300 FOURTH ST. NORTH
ST. PETERSBURG FL 33702

Mailing Address

7300 FOURTH ST. NORTH
ST. PETERSBURG FL 33702

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

02/15/1977

3a. Date of Last Report

04/21/1995

4. FEI Number

59-1723144

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLD, MICHAEL J.
6160 IRVING NO
SEMINOLE FL 33702

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME CRAWFORD, THOMAS W.
STREET ADDRESS 4132-10TH STREET NE
CITY-ST-ZIP ST. PETE FL

TITLE V ☐ DELETE

NAME BLACK, DONALD D. III
STREET ADDRESS 1974 IOWA AVE NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE V ☐ DELETE

NAME KLOS, JAREMA W.
STREET ADDRESS 7340 WATERSILK DRIVE
CITY-ST-ZIP PINELLAS PK FL

TITLE T ☐ DELETE

NAME CRAWFORD, DONALD
STREET ADDRESS 968 31ST TERRACE NE
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

NAME Gause, Curtis E
STREET ADDRESS 1601 43RD ST. NO UNIT 135
CITY-ST-ZIP St. Petersburg FL 33713

2.1 TITLE S ☐ Change ☒ Addition

NAME Yeager, Gresham
STREET ADDRESS 13300 Indian Rocks Road #1704
CITY-ST-ZIP Largo, FL 34644

3.1 TITLE P ☐ Change ☒ Addition

NAME Reynolds, Michael
STREET ADDRESS 6160 IRVING NORTH
CITY-ST-ZIP Seminole FL

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)