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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 556659 1. Corporation Name

City & State

23

24

LARRY C. WILLIAMSON, D.D.S., P.A.

<u> </u>	
Principal Place of Business	Mailing Address
2191 GARDEN ST TITUSVILLE FL 32796	2191 GARDEN ST TITUSVILLE FL 32796
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.

27

28

29

City & State

Zip

3. Date Incorporated or Qualifed 01/01/1978 4. FEI Number Applied For 59-1779529 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired П Fee Required

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90038 035 ***150.00

DO NOT WRITE IN THIS SPACE

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 10. Name and Address of New Registered Agent

Z No

Country

9. Name and Address of Current Registered Agent

25

WILLIAMSON, LARRY C 2191 GARDEN ST TITUSVILLE FL 32780	[81]	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	`
	83		
	84	City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508,	Florida Statutes, the above	-named corporation submits this statement for the purp	ose of changing its registered

Country

30

rursdant to the provisions of Sections 607,0002 and 607,1000, Fibrida Statutes, the above-harned corporation submits this statement for the purpose of changing its register 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		avore D.		animal when rejectating)	DATE	}				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revisations)										
12	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	Change	Addition				
TITLE	•	☐ DELETE	1.1 TITLE		□ Crianige					
NAME	WILLIAMSON, LARRY C.		1.2 NAME							
STREET ADDRESS	2191 GARDEN ST.		1.3 STREET ADDRESS							
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP							
TITLE	S	☐ DELETE	2.1 TITLE		Change	☐ Addition				
NAME	WILLIAMSON, SHARON E.		2.2 NAME							
STREET ADDRESS	2191 GARDEN ST.		2.3 STREET ADDRESS	و المناسبة ا	the state of the state of the state of					
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	· 						
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME	DENSON, TODD R		3.2 NAME							
STREET ADDRESS	2191 GARDEN ST		3.3 STREET ADDRESS			j				
CITY-ST-ZIP	TITUSVILLE FL		3.4. CITY-ST-ZIP							
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME	DENSON, CATHERINE L		4.2 NAME							
STREET ADDRESS	2191 GARDEN ST		4.3 STREET ADDRESS							
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP		<u> </u>					
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS			ſ				
CITY-ST-ZIP			5.4 CITY+ST-ZiP							
TITLE	,	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME ; ;		,	6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS			l				
CITY ST. 7ID	<u>-</u>		6.4 CITY+ST-ZIP			i				

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, with all other like empowered.