

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 557398 (5)

1. Corporation Name

ALAN M. GUY, D.D.S., P.A.



Principal Place of Business

Mailing Address

1149 DOUGLAS AVE
ALTAMONTE SPRGS FL 32714

1149 DOUGLAS AVE
ALTAMONTE SPRGS FL 32714

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/03/1978

3a. Date of Last Report

01/13/1995

4. FEI Number

59-1777024

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

10. Name and Address of New Registered Agent

GUY, ALAN M
1149 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714

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 obligation to, s. 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation (if the corporation is a corporation, the signature must be that of a duly authorized officer or director of the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
GUY, ALAN M
STREET ADDRESS
1149 DOUGLAS AVE
CITY-STATE-ZIP
ALTAMONTE SPGS, FL 00000

1. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
GUY, ANITA
STREET ADDRESS
1149 DOUGLAS AVE
CITY-STATE-ZIP
ALTAMONTE SPGS, FL 00000

2. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
GUY, ANITA
STREET ADDRESS
1149 DOUGLAS AVE
CITY-STATE-ZIP
ALTAMONTE SPGS, FL 00000

3. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
GUY, ANITA
STREET ADDRESS
1149 DOUGLAS AVE
CITY-STATE-ZIP
ALTAMONTE SPGS, FL 00000

4. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
GUY, ANITA
STREET ADDRESS
1149 DOUGLAS AVE
CITY-STATE-ZIP
ALTAMONTE SPGS, FL 00000

5. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
GUY, ANITA
STREET ADDRESS
1149 DOUGLAS AVE
CITY-STATE-ZIP
ALTAMONTE SPGS, FL 00000

6. TITLE ☐ Change ☐ Addition

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

1/15/96 4078228500

CR2E034 (12/95)