FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10:04

DOCUMENT # **558363** **(8)**

1. Corporation Name
J. THOMAS HOSE, D.M.D., P.A.

Principal Place of Business
125 ROLL TIDE LANE
LACEY'S SPRINGS AL 35754

Mailing Address
125 ROLL TIDE LANE
LACEY'S SPRINGS AL 35754

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/01/1978**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business
21 **21 Roll Tide Lane**
Suite, Apt. #, etc.
22
City & State
23 **Lacey's Springs, AL**
Zip 24 **35754** Country 25

2a. Mailing Address
26 **21 Roll Tide Lane**
Suite, Apt. #, etc.
27
City & State
28 **Lacey's Springs, AL**
Zip 29 **35754** Country 30

4. FEI Number: **59-1790474** ☐ 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

BROOKS, SANDRA
127 N. TENTH ST.
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PTD**	1.1 TITLE		☒ Change ☐ Addition
NAME	**HOSE, J. THOMAS, D.M.D.**	1.2 NAME		
STREET ADDRESS	**125 ROLL TIDE LANE**	1.3 STREET ADDRESS	**21 Roll Tide Lane**	
CITY-ST-ZIP	**LACEY'S SPRINGS AL**	1.4 CITY-ST-ZIP	**Lacey's Springs, AL 35754**	
TITLE	**ST**	2.1 TITLE		☒ Change ☐ Addition
NAME	**HOSE, NANCY**	2.2 NAME		
STREET ADDRESS	**125 ROLL TIDE LANE**	2.3 STREET ADDRESS	**21 Roll Tide Lane**	
CITY-ST-ZIP	**LACEY'S SPRINGS AL**	2.4 CITY-ST-ZIP	**Lacey's Springs, AL 35754**	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: J. Thomas Hose **J. Thomas Hose DMD, Pres. 3/2/95 (205)882-6007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #