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 # 571154 1. Corporation Name

DANIEL HOUGHTON, JR., O.D., P.A.

| | | | • | | | | | | | | | |
|---|--|---------------------|----------------------------|---------------|--------------------|--------|---------------|---|-----------|----------|---------------|--|
| Principal Place of Business Mailing Address | | | | | | | | •.•. | | | | |
| 32 BAY DRIVE NE | | | 32 BAY DRIVE NE | | | | | | | | | |
| FORT WALTON BEACH FL ¢5 48 | | | FORT WALTON BEACH FL ¢5 48 | | | | | DO NOT HIDITE IN THE ODACE | | | | |
| US | | US | US | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | | 3. Date Incorporated or Qualifed 05/01/1978 | | | | |
| 2. Principal P | lace of Business | 2a. M | 2a. Mailing Address | | | | • | 4. FEI Number 59-18/69 3 | 7 | A | pplied For | |
| 21 | | 26 | | | | | | NOT APPLICABLE | | | ot Applicable | |
| | #, etc | Suite; Apt. #, etc. | | | | | | 5. Certificate of Status Desired | ! | * | Additional | |
| | | 27 | | | | | | | | | equired | |
| City & Stat | e | City & State | | | | | | 6. Election Campaign Financing | | | May Be | |
| 23 | | 28 | | | | | | Trust Fund Contribution | | Added | to Fees | |
| Zip | Country | Zi | ip | $\overline{}$ | ıntry | 1 | | 8. This corporation owes the current year | | _ | X No | |
| 24 | 25 | 29 | | 30 | _ | | | Personal Property Tax. | | Yes | JAN 10 | |
| | 9. Name and Address of Currer | nt Register | ed Agent | | 81 | T No | me | 10. Name and Address of New Register | ea Age | ent | | |
| Mill | ER, J JEROME J | | | | 61 | Na | me | | | | , | |
| 415 MOUNTAIN DR. | | | 82 St | | | Str | eet Addre | ess (P.O. Box Number is Not Acceptable) | | | | |
| | E #3 | | | | Ļ | _ | | 4.4764.1867.78 | | _ | | |
| | TIN FL 32541 | | | | 83 | | | • | | | • | |
| DEG | TRY FC 32341 | | | | 84 | Cit | ν | | | 85 Zip | Code | |
| | | _ | | | L | | | pration submits this statement for the purpos | <u>-L</u> | | | |
| agent. I a SIGNATURE | m familiar with, and accept the obligation of registered age | _ | | | | | ture required | .* when reinstating) OATE | | | | |
| 12. | OFFICERS AN | ND DIRECT | TORS | 13. | | | | ADDITIONS/CHANGES TO OFFICERS | | | | |
| TITLE | PD | | □ DELETE | 1.1 TI | TLE | | | | | _ Change | Addition | |
| NAME | HOUGHTON, DANIEL JR | | | 1.2 N | AME | | | | | | | |
| STREET ADDRESS | | | 1.3 8 | | 1.3 STREET ADDRESS | | ESS | | | | 1 | |
| CITY-ST-ZIP | FT. WALTON BEACH FL 32548 | 3 | | 1.4 C | TY-S | T-ZIP | | | | | | |
| TITLE | | | □ DELETE | 2.1 1 | TLE | | | | |] Change | Addition [| |
| NAME | | | | 2.2 N | AME | | | | | | | |
| STREET ADDRESS | | | | 2.3 S | TREE1 | TADDE | ESS | | | ~ | - | |
| CITY-ST-ZIP | | | | 2.40 | ITY-S | ST-ZIP | | | | _ | | |
| TITLE | | | ☐ DELETE | 3.1 T | TLE | | | | | Change | ☐ Addition | |
| NAME | | | | 3.2 N | AME | | | | | | | |
| STREET ADDRESS | | | | 3.3 S | TREE | TADOF | RESS | • | | | | |
| C/TY-ST-ZIP | | | | 3.4, 0 | iTY-S | ST-ZIP | | | | _ | | |
| TITLE | | | ☐ DELETE | 4.1 🛚 | TLE | | | | τ |] Change | ☐ Addition | |
| NAME | | | | 4.2 N | AME. | | | | | | | |
| STREET ADDRESS | | | | 4.3 S | TREE | TADDF | RESS | | | | ŀ | |
| CITY-ST-ZIP | | | | 4.4 C | ιτγ-\$ | T-ZIP | | | | _ | | |
| TITLE | | | ☐ DELETE | 5.1 T | TLE | | | | | _ Change | Addition | |
| NAME | 1 | | | 5.2 N | AME | | - | | | | į | |
| STREET ADDRESS | | | | 5.3 S | TREE | T ADDF | RESS | | | | 1 | |
| CITY-ST-ZIP | | | | | | T-ZIP | | | | | | |
| TITLE | • | | □ DELETE | 6.1 T | TLE | | |) | | _ Change | ☐ Addition | |
| NAME | | | | 6.2 N | AME | | | , | | | į | |
| CTDEET ADODECC | l . | | | 635 | TREE | TADDE | RESSÍ | part . | | | 1 | |

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 attact then with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90195 047 ***150.00