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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600505

JERRY L. REYNOLDS, D.D.S., P.A.

(2)

Mailing Address

## FILED Apr 24 1998 8:00am Secretary of State



813) 932-0790

TAMPA FL 33	IN L. KING JH. BLYD IGNS	TAMPA FL 33603	K. BLVD		
(AMIA IE VO	~~~	THIN H TE OPOS		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				10/21/1968	
	lace of Business	2a, Mailing Address	. 0.	4, FEI Number	Applied For
	2 Hampton Place	26 10102 Har	npton Place	59-1222065	Not Applicable
Suite, Apt.	w, etc.	Suite, Apt. #, etc.	•	6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	В	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Ta	mag. EL	28 Tampa	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24 33	3618 25	29 33618 3	0	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
REYNOLDS, JERRY 81 Name S				Same	
601 W. N.L.KING JR. BLVD.				ress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33603 10.10				102 Hampton Place	<u>e</u>
			63	•	
			84 City		L 65 Zip Code
44 Ourseant	to the manifeless of Continue 607 0500	Land 607 1600 Elevido Ctatutos	the above paged seri	poration submits this statement for the purpose	
office or re	egistered agent, or both, in the State (	of Florida. Such change was aut	thorized by the corporat	tion's board of directors. I hereby accept the a	ppointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.		<b>′</b>
SIGNATURE	Signature, typod or printed name of registered agen	Land title it applicable (NOTE I	Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PO	DELETE	11 TITLE	Samel	Change Addition
NAME	reynolds, Jerry L		1.2 NAME		
STREET ADDRESS	601 W. BUFFALO		1 3 STREET ADDRESS	10102 Hampton Pla Tampa FL 33	ce
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33	
TITLE		☐ DELETE	2.1 TITLE	• •	Change  Addition
NAME			22 NAME	·	
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP		I locuste	2 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-\$T-ZIP		Change Addition
NAME		beat	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied with	th this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further us shall have the same legal effect as if made	certify that the information under path; that I am an
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.9.07(3)(i), Fiorida Statutes. Further certify that the information indicated on this annual report is supplemental annual report is report 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 of 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.					