SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 600537 (5)

1. Corporation Name

BENFORD L. SAMUELS D.D.S. & ASSOCIATES, P.A.

Principal Place of Business: ~~1110 N.W. 8TH AVE. GAINESVILLE FL 32601~~

Mailing Address: ~~1110 N.W. 8TH AVE. GAINESVILLE FL 32601~~

2. Principal Place of Business
21 1721 NW 26th WAY
22 Suite, Apt #, etc. GAINESVILLE, FLORIDA
23 City & State
24 Zip 32605 25 Country ALACHUA

2a. Mailing Address
26 1721 NW. 26th WAY
27 Suite, Apt # etc. GAINESVILLE, FLORIDA
28 City & State
29 Zip 32605 30 Country ALACHUA

3. Date Incorporated or Qualified: 10/30/1968
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1220337 ☐ 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**

SAMUELS,BENFORD L
1110 N.W. 8TH AVE.
GAINESVILLE FL

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SAMUELS,BENFORD L	
STREET ADDRESS	1110 N.W. 8TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	☐ DELETE
NAME	GILES, JACK L.	
STREET ADDRESS	1205 N.W. 23RD AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	☐ DELETE
NAME	COKER, JOHN L. JR.	
STREET ADDRESS	203 S.W. 3RD AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Benford L Samuels — BENFORD L. SAMUELS — 9-13-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(352) 372-0547