

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **600839** (5)

1. Corporation Name  
**ROBERT F. WAGNER, JR., D.D.S., P.A.**



Principal Place of Business: **3434 ATLANTIC BLVD. JACKSONVILLE FL 32207**  
Mailing Address: **3434 ATLANTIC BLVD. JACKSONVILLE FL 32207**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **02/19/1969**  
3a. Date of Last Report: **02/03/1995**  
4. FEI Number: **59-1231331**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WAGNER, ROBERT F.  
3434 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

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 607.0592 and 607.1308, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROOM, REUBEN P		2. NAME		
STREET ADDRESS	3434 ATLANTIC BLVD		3. STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		4. CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, ROBERT F JR		6. NAME		
STREET ADDRESS	3434 ATLANTIC BLVD		7. STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		8. CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUKNCHT, ALBERT J		10. NAME		
STREET ADDRESS	3434 ATLANTIC BLVD		11. STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		12. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY-ST-ZIP			16. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY-ST-ZIP			20. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22. NAME		
STREET ADDRESS			23. STREET ADDRESS		
CITY-ST-ZIP			24. 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)(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 changes), or on an attachment with an address.

SIGNATURE: *Robert F. Wagner, Jr.* DATE: **1-16-96** (904) 396-2747

CR2E034 (12/95)