FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 1 1995 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600859 (3)

1. Corporate Name
WILBURN J. LOWE D.D.S., P.A.

Principal Office Address
428 N. HALIFAX
DAYTONA BEACH FL 32118-4016

Mailing Address
428 N. HALIFAX
DAYTONA BEACH FL 32118-4016

3. Date of Incorporation / Organization: 02/28/1969
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

State Agent #
22

State Agent #
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: 59-1233133
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. Does corporation consider its shareholders to be employees under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOWE, WILBURN J
1065 N HALIFAX
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and/or 607.0506 Florida Statutes, the above named corporation submits the 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 hereby accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	PS
Name	LOWE, WILBURN J D.D.S
Street Address	1065 N HALIFAX
City State Zip	ORMOND BCH FL
Title	D
Name	GILES, JACK D.D.S
Street Address	1205 NW 23RD BLVD
City State Zip	GAINESVILLE FL
Title	TD
Name	LOWE, WILBURN J D.D.S
Street Address	1065 N HALIFAX
City State Zip	ORMOND BCH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	☐ Change ☐ Add
Name	
Street Address	
City State Zip	
Title	☐ Change ☐ Add
Name	
Street Address	
City State Zip	
Title	☐ Change ☐ Add
Name	
Street Address	
City State Zip	
Title	☐ Change ☐ Add
Name	
Street Address	
City State Zip	
Title	☐ Change ☐ Add
Name	
Street Address	
City State Zip	
Title	☐ Change ☐ Add
Name	
Street Address	
City State Zip	

14. [illegible]

SIGNATURE: ✓ [signature] ✓ 4-27-95 904-252-1571

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
WILBURN J. LOWE, D.D.S.

0008931 CP