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Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 600859

(3)

1. Corporation Name

WILBURN J. LOWE D.D.S., P.A.

Principal Place of Business

426 N. HALIFAX  
DAYTONA BEACH FL 32118-4016

Mailing Address

426 N. HALIFAX  
DAYTONA BEACH FL 32118-4016

2. Principal Place of Business

21 875 Mpsan Avenue  
State, Apt. #, etc.

22 City & State  
Daytona Beach, FL

23 Zip  
32117

24 Country  
Volusia

2a. Mailing Address

26 875 Mpsan Avenue  
State, Apt. #, etc.

27 City & State  
Daytona Beach, FL

28 Zip  
32117

29 Country  
Volusia

9. Name and Address of Current Registered Agent

LOWE, WILBURN J  
1065 N HALIFAX  
ORMOND BEACH FL 32074

3. Date Incorporated or Qualified

02/28/1969

3a. Date of Last Report

05/01/1996

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

PS  
LOWE, WILBURN J D.D.S  
1065 N HALIFAX  
ORMOND BCH FL

1.2 NAME

D  
GILES, JACK D.D.S  
1205 NW 23RD BLVD  
GAINESVILLE FL

1.3 STREET ADDRESS

TO  
LOWE, WILBURN J D.D.S  
1065 N HALIFAX  
ORMOND BCH FL

1.4 CITY - ST - ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-253-1571

CR2E034 (9/96)