

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

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

96 FEB - 2 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600927 (8)

1. Corporation Name

JAMES A. HAZARD, D.D.S., P.A.



Principal Place of Business

404 N HALIFAX AVE
DAYTONA BEACH FL 32118

Mailing Address

404 N HALIFAX AVE
DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified
04/07/1969

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 333 CORNELL DR

26 333 CORNELL DR

4. FEI Number

59-1260512

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 DAYTONA BEACH, FL

28 DAYTONA BEACH, FL

Zip

Country

Zip

Country

24 32118

25 FLORIDA

29 32118

30 FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAZARD, JAMES A., D.D.S.
404 NORTH HALIFAX AVE
DAYTONA BEACH FL 32118

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

333 CORNELL DR

83

84 City

DAYTONA BEACH

FL

85 Zip Code

32118

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

James A. Hazard, PRES

JAMES A HAZARD DDS

1/22/96

(NOTE: Registration Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

PD
HAZARD, JAMES A
404 N. HALIFAX
DAYTONA BEACH FL

☒ DELETE

2. TITLE

☐ DELETE

3. TITLE

☐ DELETE

4. TITLE

☐ DELETE

5. TITLE

☐ DELETE

6. TITLE

☐ DELETE

7. TITLE

☐ DELETE

8. TITLE

☐ DELETE

9. TITLE

☐ DELETE

10. TITLE

☐ DELETE

11. TITLE

☐ DELETE

12. TITLE

☐ DELETE

13. TITLE

☐ DELETE

14. TITLE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

333 CORNELL DR

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

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 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 changed, or on an attachment with an address.

SIGNATURE: *James A. Hazard* JAMES A HAZARD 1/22/96 904-673-0281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)