

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 601686

(9)

1. Corporation Name

THOMAS W. GARRETT, III DDS, P.A.



Principal Place of Business

10302 N 56TH STREET SUITE E  
TEMPLE TERRACE FL 33617

Mailing Address

10302 N 56TH STREET SUITE E  
TEMPLE TERRACE FL 33617

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/18/1969

3a. Date of Last Report

01/18/1995

4. FET Number

59-1277722

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

GARRETT III, THOMAS W  
10320 N 56TH ST  
TEMPLE TERRACE FL 33617

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 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

|                    |                         |                                 |
|--------------------|-------------------------|---------------------------------|
| 1. TITLE           | PVS                     | <input type="checkbox"/> DELETE |
| 2. NAME            | GARRETT III, THOMAS W   |                                 |
| 3. STREET ADDRESS  | 10302 N 56TH ST SUITE E |                                 |
| 4. CITY - STATE    | TEMPLE TERRACE FL       |                                 |
| 5. TITLE           |                         | <input type="checkbox"/> DELETE |
| 6. NAME            |                         |                                 |
| 7. STREET ADDRESS  |                         |                                 |
| 8. CITY - STATE    |                         |                                 |
| 9. TITLE           |                         | <input type="checkbox"/> DELETE |
| 10. NAME           |                         |                                 |
| 11. STREET ADDRESS |                         |                                 |
| 12. CITY - STATE   |                         |                                 |
| 13. TITLE          |                         | <input type="checkbox"/> DELETE |
| 14. NAME           |                         |                                 |
| 15. STREET ADDRESS |                         |                                 |
| 16. CITY - STATE   |                         |                                 |
| 17. TITLE          |                         | <input type="checkbox"/> DELETE |
| 18. NAME           |                         |                                 |
| 19. STREET ADDRESS |                         |                                 |
| 20. CITY - STATE   |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                        |                                                                   |
|------------------------|-------------------------------------------------------------------|
| 1.1 TITLE              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME               |                                                                   |
| 1.3 STREET ADDRESS     |                                                                   |
| 1.4 CITY - STATE - ZIP |                                                                   |
| 2.1 TITLE              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME               |                                                                   |
| 2.3 STREET ADDRESS     |                                                                   |
| 2.4 CITY - STATE - ZIP |                                                                   |
| 3.1 TITLE              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME               |                                                                   |
| 3.3 STREET ADDRESS     |                                                                   |
| 3.4 CITY - STATE - ZIP |                                                                   |
| 4.1 TITLE              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME               |                                                                   |
| 4.3 STREET ADDRESS     |                                                                   |
| 4.4 CITY - STATE - ZIP |                                                                   |
| 5.1 TITLE              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME               |                                                                   |
| 5.3 STREET ADDRESS     |                                                                   |
| 5.4 CITY - STATE - ZIP |                                                                   |
| 6.1 TITLE              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME               |                                                                   |
| 6.3 STREET ADDRESS     |                                                                   |
| 6.4 CITY - STATE - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Garrett III DDS, P.A.

1-17-96

813-988-7489

CR2E034 (12/95)