

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 # 601691 (9)

1. Corporation Name
CHARLES C. WHITE JR DDS PA



Principal Place of Business: 4300 BAYOU BLVD. SUITE 22 PENSACOLA FL 32503
Mailing Address: 4300 BAYOU BLVD. SUITE 22 PENSACOLA FL 32503

2. Principal Place of Business: 21
Suite, Apt. #, etc: 22
City & State: 23
Zip: 24 Country: 25
2a. Mailing Address: 26
Suite, Apt. #, etc: 27
City & State: 28
Zip: 29 Country: 30

3. Date Incorporated or Qualified: 11/19/1969
3a. Date of Last Report: 02/14/1995
4. FEI Number: 59-1290121 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

g. Name and Address of Current Registered Agent

WHITE, CHARLES C DDS
4300 BAYOU BLVD.
SUITE 22
PENSACOLA FL 32503

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 607.0605, Florida Statutes.

SIGNATURE: [Signature] Date: 2/8/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	
NAME	WHITE, CHARLES C JR.	12 NAME	
STREET ADDRESS	4300 BAYOU BLVD., STE. 22	13 STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA FL 32503	14 CITY, ST, ZIP	
TITLE	VPS	21 TITLE	
NAME	WHITE, FE T	22 NAME	
STREET ADDRESS	4300 BAYOU BLVD., STE. 22	23 STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA FL 32503	24 CITY, ST, ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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: [Signature] Date: 2/8/96

CR2E034 (12/95)