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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

601873

(3)

DOCUMENT #
1. Corporation Name

FRANK ALLEN REYNOLDS DDS PA

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Principal Place of Eusiness 1184 OCEANSHORE BLVD ORMOND BEACH FL 32176 1184 OCEANSHORE BLVD ORMOND BEACH FL 32176 3. Date Incorporated or Qualified 01/12/1970 4. FEI Number 26 Suite, Apt. #, etc. 59-1280170 5. Certificate of Status Desired 27 City & State City & State 28 City & State 29 20 Country 24 29 30 Country 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Re	☐ No egistered Agent
ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 3. Date Incorporated or Qualified 01/12/1970 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1280170 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for in Florida Statutes Yes	O2/03/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Stangible tax under s 199.032, No Registered Agent
01/12/1970 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1280170 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State 6. Election Campaign Financing 23 Zip Country Zip Country B. This corporation has liability for in Florida Statutes Yes	O2/03/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Stangible tax under s 199.032, No Registered Agent
22 25 26 27 26 27 27 28 27 28 27 28 27 29 30 30 30 30 30 30 30 3	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees htangible tax under s 199.032, Not applicable to Fees htangible tax under s 199.032, organization of the property of the propert
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State City & State Zip Country Entricate of Status Desired Status Desired Floridate of Status Desired Suite, Apt. #, etc. 5. Certificate of Status Desired Country 6. Election Campaign Financing Trust Fund Contribution Florida Statutes Yes	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees stangible tax under s 199.032, No orginate of the No orginate of th
22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Trust Fund Contribution 24 25 29 Country B. This corporation has liability for in Florida Statutes Yes	Fee Required \$5.00 May Be Added to Fees Itangible tax under s 199.032, No egistered Agent
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23 Zip Country Zip Country B. This corporation has liability for in 24 29 30 Florida Statutes Yes	ntangible tax under s 199.032, No egistered Agent
24 25 29 30 Florida Statutes Yes	☐ No egistered Agent
24 25 29 30	egistered Agent
9. Name and Address of Content Registered Agent	э)
	θ)
REYNOLDS, FRANK ALLEN 82 Street Address (P.O. Box Number is Not Acceptable)	
1184 OCEANSIDE BLVD ORMOND BEACH FL 63	
84 City	85 Zip Code
	FL S EP S S S S S S S S S S S S S S S S S S
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the apportamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.	intment as registered agent. I am
SIGNATURE Signature, typical or printer name of registered agent and title if applicable (NOTE: Registered Agent signature required when renstating)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TILE POT DELETE 1 1 TITLE	Change Addition
NAME REYNOLDS, FRANK ALLEN 1.2 NAME	
STREET ADDRESS 1184 OCEANSHORE BLVD. 1.3 STREET ADDRESS	
C TY-ST-ZIP ORMOND BEACH FL 1.4 CITY-ST-ZIP	
TIFLE DELETE 2.1 TIFLE	Change Addition
NAME 22 NAME	
SINFELL ADDRESS 23 STREET ADDRESS	
CHY-SI-7IF 24 CHY-SI-2IP	
TITLE DELETE 3 1 TITLE	Change Addition
NAME 32 NAME	
STHEET ADDRESS 3.3. STREET ADDRESS	
CITY-ST-ZIP 34 CITY-ST-ZIP	
TITLE DELETE 4 3 TITLE	Change Addition
NAME 42 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-7IP 4.4 CITY-ST-ZIP	El Observe El Addition
THE DELETE 5 1 TITLE	Change Addition
NAME 5.2 NAME	
STHEET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIF 54CITY-ST-ZIP	Chance Stddisine
TITLE DELETE 6 1 TITLE	Change Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
64 CITY-ST-ZIP 64 CITY-ST-ZIP 14 Lide becaby cadily that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.0/5/kg, Florida Statutes. Floridal 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 cath, 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 en attachment with an address.

SIGNATURE:

19 FEB 96 904-441-1050

CR2E034 (12/95)