

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90040 046 ***150.00

DOCUMENT # 602113

1. Corporation Name

BENJAMIN E. HARGETT, D.D.S., P.A.

Principal Place of Business
1249 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441

Mailing Address
1249 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1970

4. FEI Number
59-1304669

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 434 NW 7TH AVE

Suite, Apt. #, etc.

22 BOCA RATON, FL

23 33486 USA

24 33486 25 USA

2a. Mailing Address

26 434 NW 7TH AVE

Suite, Apt. #, etc.

27 BOCA RATON, FL

28 33486 USA

29 33486 30 USA

9. Name and Address of Current Registered Agent

HARGETT, BENJAMIN E
1249 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

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

83 434 NW 7TH AVENUE

84 City

BOCA RATON

FL

85

33486

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HARGETT, BENJAMIN E
STREET ADDRESS 1249 E. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE S ☐ DELETE

NAME HARGETT, BENJAMIN
STREET ADDRESS 1249 E. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 434 NW 7TH AVENUE
1.3 STREET ADDRESS BOCA RATON, FL 33486
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 434 NW 7TH AVENUE
2.3 STREET ADDRESS BOCA RATON, FL 33486
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REBEKAH HARGETT

3/22/99

Date

954-427-7676

Daytime Phone #

CR2E034 (1/1/98)

0346019