

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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 602126 (5)

1. Corporation Name  
GEORGE E. CARVER DDS, P A



Principal Place of Business

37221 MERIDIAN AE.  
DADE CITY FL 33525  
US

Mailing Address

37221 MERIDIAN AVE  
DADE CITY FL 33525-3617  
US

2. Principal Place of Business

21 14315 HALE RD

Suite, Apt. #, etc.

22

City & State

23 DADE CITY, FL

Zip

24 33523

Country

25 PASCO

2a. Mailing Address

26 14315 HALE RD

Suite, Apt. #, etc.

27

City & State

28 DADE CITY, FL

Zip

29 33523

Country

30 PASCO

3. Date Incorporated or Qualified

06/01/1970

3a. Date of Last Report

01/22/1996

4. FEI Number

59-1297401

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

9. Name and Address of Current Registered Agent

CARVER, GEORGE E  
801 W MERIDIAN  
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

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

14315 HALE RD.

83

84 City

DADE CITY

FL

85 Zip Code

33523

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 GEORGE E. CARVER

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

INOR Registered Agent Signature required when reinstating

DATE

1-14-97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARVER, GEORGE E  
STREET ADDRESS 14315 HALE RD.  
CITY-ST-ZIP DADE CITY FL

☐ DELETE

TITLE S  
NAME CARVER, PATRICIA S.  
STREET ADDRESS 14315 HALE RD.  
CITY-ST-ZIP DADE CITY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

George E. Carver, DDS

1-14-97

Date

352-567-3844

Daytime Phone #

0348542

CR2E034 (9/96)