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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90004 017 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 602140

WENDELL L. HALL, D.D.S., P. A.

Principal Plac	e of Business	Mailing Address			4 100710 OSHA BBIAN 11001 HINN ALBA BI	911 919 11 8 1811 919 11 919 11 9	
% HALL, WEND	DELL I	% HALL, WENDELL L.					
5519 RAWLS ROAD		5519 RAWLS ROAD					
TAMPA FL 33625		TAMPA FL 33625		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					06/08/1970		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	I Ani	plied For
<u>⊢</u> , '				59-1303661		t Applicable	
		Suite, Apt. #, etc.			33 1303001	- \$8.75 A	
		— · · ·	Suite, Apt. #, etc.		5. Certifcate of Status Desired	JO./JA	
22		27					
City & State		City & State		6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current		· <u></u> ,
24	25	29	30		Personal Property Tax.	_	□Ño
	9. Name and Address of Currer	nt Registered Agent		•	10. Name and Address of New Regi	stered Agent	
			81	Name			
	l, Wendell L		00	C1	(D.O. Day N. Juntary in New Assessments)		
5519 RAWLS ROAD			82 Street Add		Iress (P.O. Box Number is Not Acceptable)	,	
TAM	IPA FL 33625		83	 	125		Audeniai
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			84	City	tier in the energy francis with the	85 Zip C	Code
	<u> </u>					FL	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute:	s, the above	e-named corp	poration submits this statement for the purp ion's board of directors. I hereby accept the	pose of changing its	registered
agent. La	am familiar with, and accept the obliga	itions of, Section 607.0505, Flori	tnonzed by da Statutes	tne corporati	ion's board of directors. Thereby accept the	о оррошинам год	gistereu
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	tne corporati	ion's board of directors. Thereby accept the	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	gistered
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agent. I a	am familiar with, and accept the obligation of the state	ntions of, Section 607.0505, Flori	da Statutes		ed when reinstating);	DATE	
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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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition