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PROFIT CORPORATION ANNUAL REPORT



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

1996

| DOCUMENT # 602659 (5) | | | | | | | |
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| , | /. WIGGINS, D.D.S. P.A. | | | | | 1(Å (Å)) Ä(N) Å(N) MIN) | 6 }6(6 8 6(6 8 8(4 448) |
| Principal Place | of Business | Mailing Address | | | | | |
| 3001 ST JOHNS AVE | | · · | 3001 ST JOHNS AVE | | | | |
| | LE FL 32206 | JACKSONVILLE FL | | | | | |
| | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last | Report |
| | | | | | 01/21/1971 | 04/10/ | , , , , , , , , , , , , , , , , , , , |
| 2. Principal Place of Business | | 2a. Mailing Address | a. Mailing Address I | | 4. FEI Number | | Applied For |
| 21 Suite, Apt. # | . etc | Suite, Apt. #, etc. | | | 59-1323140 | \$2. | Not Applicable 75 Additional |
| · , ' | | 27 | Conto, reper in, one. | | 5. Certificate of Status Desired | 1 1 | e Required |
| City & State | | City & State | City & State | | Election Campaign Financing Trust Fund Contribution | | .00 May Be |
| Zip 24 | Country 25 | Zip 29 | Gountr 30 | у | This corporation has liability for in Florida Statutes | | |
| | 9. Name and Address of Curre | | 17-1 | | 10. Name and Address of New R | . — | |
| | | | 81 | 1 Name | | | |
| WIGGINS JR, JOE W 3001 ST. JOHNS AVE. | | | 82 Street Add | | ress (P.O. Box Number is Not Acceptab | ile) | |
| | ONVILLE FL 32205 | | 83 | 3 | | | |
| JACKSCHVILLE PL 32203 | | | 84 City | | | FL 85 | Zip Code |
| 44 0 | the provisions of Sections 607.050 | 92 and 607 1508. Florida Statu | has tim above | paned conso | vation submits this statement for the our | | s registered office |
| -11. Pursuant to | | | cos, are envec | married corpor | radon submits tots statement for the bor | pose or chariging it | o regional de cimes |
| or registere | id agent, or both, in the State of Flor is, and accept the obligations of. Sec | rida. Such change was authori | zed by the con | poration's boa | ird of directors. Thereby accept the appoint | pintment as register | ed agent. I am |
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certify that the information indicated on this annual report or supplemental an idal report is true and accurate and friat 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 Brock 12 or Block 13 if changed, or on an attrichment with an address.

SIGNATURE:

ASTREMENT THE OR PRINTED HASE OF SIGNING OFFICE OF DIRECTOR

4-6-96 - 388-038