

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 603685 (9)

1. Corporation Name
STANLEY W. PFOST, D.D.S., P.A.

Principal Place of Business 1431 HOWELL BRANCH ROAD WINTER PARK FL 32789	Mailing Address 1431 HOWELL BRANCH ROAD WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/03/1972	4. FEI Number 59-1417247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

PFOST,STAN
1431 HOWELL BRANCH ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City FL 85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PFOST,STAN
STREET ADDRESS 1431 HOWELL BRANCH RD
CITY-ST-ZIP WINTER PARK 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1

1.2

1.3 ADDRESS

1.4 ST-ZIP

2.1

2.2

2.3 ADDRESS

2.4 ST-ZIP

3.1

3.2

3.3 ADDRESS

3.4 ST-ZIP

4.1

4.2

4.3 ADDRESS

4.4 ST-ZIP

5.1

5.2

5.3 ADDRESS

5.4 ST-ZIP

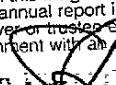
6.1

6.2

6.3 ADDRESS

6.4 ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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 the same 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:  SIGNATURE REQUIRED

1-6-98

CR2E034 (10/97)