

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 603720

(4)

1. Corporation Name

FRANK A. SZOT D.D.S., P.A.

Principal Place of Business

842 ANCHOR RODE DR.
NAPLES FL 33940

Mailing Address

842 ANCHOR RODE DR.
NAPLES FL 33940

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SZOT, FRANK A., D.D.S.
842 ANCHOR RODE DR.
NAPLES, FLORIDA
33940

3. Date Incorporation or Qualified

10/02/1972

3a. Date of Last Report

04/26/1995

4. FEI Number

59-1424141

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 its taxable income under S-100.042,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation solemnly 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 of this corporation with and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature (Type, Print, or Stamp Name and Title of Signer on this Line)

Signature (Type, Print, or Stamp Name and Title of Signer on this Line)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSD
SZOT, FRANK A
842 ANCHOR RODE DR.
NAPLES FL

☐ DELETE

TITLE
NAME
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CITY-STATE-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 941-262-1404

CR2E034 (12/95)