

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **604457 (2)**
1. Corporation Name
WAYNE C. WILLS, D.D.S., PROFESSIONAL ASSOCIATION



Principal Place of Business: **773 FOURTH AVE. NO. NAPLES FL 33940-5731**
Mailing Address: **773 FOURTH AVE. NO. NAPLES FL 33940-5731**

2. Foreign Place of Business: 21 State: Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State: Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Organized: **06/29/1973** 3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-1466531** 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 facility for intangible tax under s. 193.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **WILLS, WAYNE C. 773 4TH AVENUE N. NAPLES FL 33940**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

11. Pursuant to the provisions of Sections 607.02(7) and 607.15(8), 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.02(7), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15. STREET ADDRESS	
CITY, STATE, ZIP		14. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2. NAME	
STREET ADDRESS		20. STREET ADDRESS	
CITY, STATE, ZIP		24. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, STATE, ZIP		34. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, STATE, ZIP		44. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, STATE, ZIP		54. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, STATE, ZIP		64. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this report is accurate, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that these filings are made for the primary reason for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or its parent or indirect corporation to which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an official email with an address.

SIGNATURE: *Wayne C. Wills* **WAYNE C. WILLS** 1/17/96 941-262-6685

CR2E034 (12/95)