FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED

DOCUMENT # 604704 (7)

1. Corporation Name

DONALD M. KEENE, D.D.S., P.A.

Principal Place of Business	Mailing Address
434 N. HALIFAX AVENUE DAYTONA BEACH FL 32118	434 N. HALIFAX AVENUE DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 815 N NOVA ROAD	26 815 N. NOVA ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 DAYTONA BEACH, FL	27 DAYTONA BEACH, FL
City & State	City & State
23 32117	28 32117
Zip / Country	Zip / Country
24 32117 / 25 VOLUSIA	29 32117 / 30 VOLUSIA

3. Date Incorporated or Qualified: 09/25/1973
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1489568 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KEENE (DONALD M.) 434 N. HALIFAX AVENUE DAYTONA BEACH FL 32118	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KEENE,DONALD M.	12 NAME	
STREET ADDRESS	815 N. NOVA RD.	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BOSTYAN,RICHARD L.	22 NAME	
STREET ADDRESS	523 N PENINSULA DR.	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SCOTT,W. A.	32 NAME	
STREET ADDRESS	425 N. PENINSULA	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald M Keene DMD PA 1/30/95 904/252-8508
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0008007 CP