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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	A E. A. S. S.	DIVISION OF CORPORATIONS						
DOCUM 1. Corporation N	1ENT #	604849	(0)						
,	N E. MCCLANE	DDS, PA							
Principal Place o	f Business	Mail	ng Address				IDIQ IQII BIQII BIRIC QII	BIN BININ DIANA BINNIN NAME	
1423 MICCO TALLAHASSI	osukee RD. Ee FL 32308-5171	1423 MICCOSUKEE I TALLAHASSEE FL 33							
		····				 Date Incorporated or Qualified 12/06/1973 	3a. Date of Lac 01/2	st Report 0/1995	
2. Principal Plac 21	e of Business	_ 2a. h 26	failing Address			4. FEI Number 59-1498841	-	Applied For	
Suite, Apt. #,	etc.	·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8	Not Applicable .75 Additional	
2		27						ee Required	
City & State		28	ity & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zipi l	Count	´ ⊢₁	ijρ	Country		8. This corporation has liability for		ers 199.032,	
<u></u>	25 9. Name and Addre	29 ess of Current Registe	red Agent	30	· · · · ·	Florida Statutes Yes 10. Name and Address of New R	□ No legistered Agent		
				81	Name	To. Name and Address of North	ogistored rigorit	*** · W	
MOORE, W. TAYLOR 249 E. VIRGINIA					Street A	reet Address (P.O. Box Number is Not Acceptable)			
	VIHGINIA IASSEE FL			83					
17 12 27 11	WOOLL I'L			-					
				84	City		FL 85	Zip Code	
or registered familier with, SIGNATURE	d agent, or both, in the , and accept the obligi	c State of Florida. Such o ations of, Section 607.05 . of registered agent and title Tays	hange was authorize 05, Florida Statutes.	ed by the corp	oration's t	rporation submits this statement for the pur toard of directors. I hereby accept the app	ointment as registe	ered agent. I am	
12.	(OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC		
TILE	0	_	DELETE	1. 1 TITLE		PAUL GOMES	[7] Char	• –	
NAM:	WELLS, T J, JF 2060 RAYMON			1.2 NAME		272 WETHERBINZ	WATEA	37	
STREET ADDRESS CITY+S1-ZIP	TALLAHASSEE			1.3 STREET		TALLAHASSIZ FL	- 2230) (
THE	D		BELETE	2 1 TITLE	01 - 21r	MIKE ROSS	Char		
NAME CAN CLASSICIO	MORRISON, J. 1441 GRAPE S			2 2 NAME		1225 LIUR OAIL DLA	na		
STREEL ADDRESS ONLY ST. ZIP	TALLAHASSEE			2.3 STREET	1	TALL. FL. 32			
116.6	PD		DELETE	2.4 City - 5 3.1 Title	11-20	3	Char	nge Addition	
NAME	MCCLANE, G.E			3 2 NAME			_	_	
STREET ADDRESS	1423 MICCOSU			33 STREE	1 ADDRESS				
CHY ST ZP	TALLAHASSEE	FL	ET OF ETC	3.4 C/TY-5	IT - ZIP				
THE NAME			DELETE	4 1 1111.E			☐ Char	nge	
STREET ADDRESS				4.3 STREET	ADDDECC				
C/TY+ST+ZiP				4.4 CITY - S					
T-ILE			☐ DECETE	5. 1 TITLE			☐ Char	nge Addition	
NAME:				5 2 NAME	į		-	_	
STREET ADDRESS				5 3 STREET	ADDRESS				
C-TY ST-ZIP			Fin nevere	5.4 C(TY - S	ST - ZIP			P=1	
Table NAME			☐ DELETE	6 1 TITLE			Char	nge 🔲 Addition	
STREET ADDRESS				62 NAME 63 STREET	Annotee				
CIY SI ZP				64 CITY - S	j				
14. Lab hereby	certify that the information information	ation supplied with this file	ng is voluntarily furni	shed and doe	s not qual	lify for the exemption stated in Section 119 curate and that my signature shall have the	.07(3)(k), Florida St	tatutes. I further	

outh; that I am an officer or director of the concentron 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. TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LE NA ANC CLAPE 1/20/50 8786143

SIGNATURE: