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

PROFIT CORPORATION -ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 605180 1. Corporation Name JACK W. MORRISON, D.D.S., P.A.

Principal Place of Business

Mailing Address

6705 HANLEY ROAD TAMPA FL 33634

6705 HANLEY ROAD TAMPA FL 33634

FILED Apr 01, 1999 8:00 am Secretary of State

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								BO NOT WITTE IN THIS COASE				
							3	3. Date Incorporated or Qualifed 05/21/1974				
2. Principal Place of Business			2a. Mailing Address					1. FEI Number	T	Applied For		
. Principal Flace of Business .1			26				- }	NOT APPLICABLE	\vdash	lot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				+	\$1	<u></u>	Additional	1	
3		27	27				1 5			Required		
City & State			City & State					6. Election Campaign Financing	55.0	May Be	-	
3	28									to Fees		
Zip	Country		Zip Country					3. This corporation owes the current year Integral	1	-	1	
a	25	29		30			· `	Personal Property Tax.	es	Ser		
<u>- [</u>	9. Name and Address of Current	tered Agent				10. Name and Address of New Registered Agent						
						Name			_	1		
MORRISON, JACK W.			}				(D.O. Burklander in New Associable)				ı	
6705 HANLEY ROAD						Street Addr	ddress (P.O. Box Number is Not Acceptable)					
TAMPA FL 33634											Į	
						L			·			
					84	City		FL (85		Code	Ì	
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	f applicable. (NOTE	: Registered	Agen	t signature require	ed whe	n reinstating) DATE			ءَ	
12.	OFFICERS AND			13,	_			ADDITIONS/CHANGES TO OFFICERS AND DI	RECI	ORS IN 12	Š	
ITLE	PD DELETE			1.1 7	1.1 TYTLE				Change	Addition	3	
IAME	MORRISON, JACK W.			1.2 N	1.2 NAME			·			; ا	
TREET ADDRESS	6705 HANLEY ROAD				1.3 STREET ADDRESS						١	
CITY-ST-ZIP	TAMPA FL				1,4 CITY+ST-ZIP						6	
TILE	☐ DELETE			_	2.1 TITLE				Change	Addition	٦	
IAMÉ				2.2 N	2.2 NAME						1	
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	npres				3.3 STREET ADDRESS						l	
STREET ADORESS					3.4. CITY-ST-ZIP					İ	{	
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NAME										ı	{	
STREET ADDRESS						ADDRESS				l		
CITY-ST-ZIP					ITY-S	1-413			Chana	e [] Addition	ļ	
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AME .				8.2 N		1						
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I hereby certify that the information supplied with this filing does not quality 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 t changed, or on an attachment with an address, with all other like empowered.