

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 609441 (1)

1. Corporation Name

FRED H. FARNSWORTH DENTAL LAB, INC.

Principal Place of Business

9501 ISTACHATTA ROAD (ZIP 32636)
P. O. BOX 35
FLORAL CITY FL 34436
US

Mailing Address

9501 ISTACHATTA ROAD (ZIP 32636)
P. O. BOX 35
FLORAL CITY FL 34436-0035
US

3. Date Incorporated or Qualified
02/09/1979

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

FARNSWORTH, FRED H.
E. HWY 48
P. O. BOX 35
FLORAL CITY FL 32638

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 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

FARNSWORTH, FRED H
9501 ISTACHATTA RD.
FLORAL CITY FL

DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE

S

NAME

FARNSWORTH, SHARON K
9501 ISATACHATTA RD
FLORAL CITY FL

DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS
CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED H. FARNSWORTH

4/21/97

352-724-9369

0439024

CR2E034 (9/96)