

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 612902 (7)

1. Corporation Name

DAVID H. OWEN, D.D.S., P.A.



Principal Place of Business

106 E MAIN ST
AVON PARK FL 33825

Mailing Address

106 E MAIN ST
AVON PARK FL 33825

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OWEN, DAVID H

~~106 E MAIN ST~~
~~AVON PARK FL~~

125 W. Center Ave
Sebring FL 33870

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/14/1979

3a. Date of Last Report

02/07/1995

4. FEI Number

59-1889971

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

10. Name and Address of New Registered Agent

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Type and print name of the officer, director, or agent, and the date)

(Type and print name of the officer, director, or agent, and the date)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PHONE
NAME
STREET ADDRESS
CITY, ST, ZIP
PHONE
NAME
STREET ADDRESS
CITY, ST, ZIP
PHONE
NAME
STREET ADDRESS
CITY, ST, ZIP
PHONE
NAME
STREET ADDRESS
CITY, ST, ZIP
PHONE
NAME
STREET ADDRESS
CITY, ST, ZIP
PHONE

PD
OWEN, DAVID H
~~106 E MAIN ST~~
~~AVON PARK FL~~
125 W. Center Ave
Sebring FL 33870

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY, ST, ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY, ST, ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY, ST, ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY, ST, ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY, ST, ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY, ST, ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

David H. Owen
125 W. Center Ave
Sebring, FL 33870

☒ Change ☐ Addition

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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)(f), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

David H. Owen

David H. Owen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941)-382-9070

CR2E034 (12/95)