

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:18

DOCUMENT # 629107 (4)

1. Corporation Name

A. PAYTON HODGES, JR., D.D.S., P.A.

Principal Place of Business

Mailing Address

3600 NORTH FORMOSA AVENUE
ORLANDO FL 32804

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ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1979

3a. Date of Last Report

04/13/1994

4. FFI Number

59-1918904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

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

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGES, A. PAYTON, JR.
3600 NORTH FORMOSA AVENUE
ORLANDO FL 32802

81 Name

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

83

84 City

FL

85

Zip Code

32804

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 of Registered Agent (if not the same as the corporation's registered agent)

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
13 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
14 TITLE
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11 TITLE
12 NAME
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14 CITY, ST, ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the reasons stated in Section 119.071(9)(b), Florida Statutes. I further certify that the information indicated on the 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 registered agent, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TITLE OF CURRENTLY SERVING OFFICER OR DIRECTOR

14-000

14-000