FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 630991 (8)

1. Corporation Name

SHELTON-THOMPSON-VON SICK, P.A.

Principal Place of Business	Mailing Address
5636 GRAND Blvd NEW PORT RICHEY, FL. 34652 US	6645 RIDGE ROAD SUITE ONE PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1979
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1939028 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) / County (25) / Zip (29) / County (30)
8. This corporation has liability for filing this tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TORRENCE, ALFRED W, JR
6645 RIDGE ROAD, SUITE ONE
PORT RICHEY, FL 34668

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SHELTON, DAVID G.	12 NAME		
STREET ADDRESS	5521 BOWLINE BEND	13 STREET ADDRESS		
CITY ST ZIP	NEW PORT RICHEY, FL	14 CITY ST ZIP		
TITLE	STD	21 TITLE		☒ Change ☐ Addition
NAME	THOMPSON, DAVID W.	22 NAME		
STREET ADDRESS	~~9415 RUTLAND LN.~~	23 STREET ADDRESS	6120 CALIBER COURT	
CITY ST ZIP	~~PORT RICHEY, FL~~	24 CITY ST ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	VON SICK, WILLIAM III	32 NAME		
STREET ADDRESS	~~7130 PARK DRIVE~~	33 STREET ADDRESS	7130 PARK DRIVE	
CITY ST ZIP	NEW PORT RICHEY, FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS	300001460868	
CITY ST ZIP		44 CITY ST ZIP	-04/20/95--01008--008	
TITLE		51 TITLE	****200.00	☒ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP	4-19-95 t.g.	

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)(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 if changed, or on an attachment with an address.

SIGNATURE: David G. Shelton, DMD President (813) 847-5360
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

David G. Shelton, DMD