

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **634693**

1. Corporation Name

**CLETE HUHN, D.D.S., P.A.**

Principal Place of Business

**1100 SOUTH ORANGE AVENUE  
ORLANDO FL 32806-1217**

Mailing Address

**1100 SOUTH ORANGE AVENUE  
ORLANDO FL 32806-1217**

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90007 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/04/1979**

4. FEI Number

**59-1926005**

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 owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUHN, CLETE D.D.S.  
1100 SOUTH ORANGE AVENUE  
ORLANDO FL 32801**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **HUHN, CLETE**  
STREET ADDRESS **1100 S. ORANGE AVE.**  
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 7/6/99**

Daytime Phone #

Clete Kuhn, D.D.S., P.A.

Douglas A. Kuhn, D.M.D.

S87866-90007-4  
634693

1100 SOUTH ORANGE AVENUE — ORLANDO, FLORIDA 32806 — PHONE 407/422-6281

July 6th, 1998

Please be advised that  
I had not received  
a "first" notice and  
the second was just  
received.

Please see copy of  
letter from my accountant  
regarding this issue

S. only

Clete Kuhn

07/06/99

09:54

407 291 6416

BKBP CPA

587866-90007-44 001

634693

**BLAKE, KUEHLER, BABIONE, & POOL**

Certified Public Accountants  
4060 Edgewater Drive  
Orlando, Florida 32804  
Tel. No. (407) 291-6400  
Fax No. (407) 291-6416

**F A X**

DATE: July 6, 1999

TO: Dr. Clete Huhn

FROM: Mario

FAX NUMBER: 422-2361

NUMBER OF PAGES TRANSMITTED,  
INCLUDING COVER SHEET: 

SUBJECT: Annual Report

PLEASE CALL IF THERE IS A PROBLEM IN THIS TRANSMISSION.

☐ FOR YOUR  
INFORMATION☐ FOR YOUR REVIEW  
☐ PLEASE COMMENT☐ FOR YOUR  
APPROVAL☐ REPLY REQUESTED  
☐ ASAP  
☐ AT YOUR  
CONVENIENCE**MESSAGE:**

According to a representative at the Div. Of Corporations, you will only need to pay

\$150.00 for the annual report. When you send the report (be sure that it is signed), you

will need to include a cover letter saying that you did not receive the first notice and

that the second notice is the only one that had reached your office. You will not use

the envelope they provided. Instead, use this address to mail the report-

Florida Department of State  
Division of Corporations  
Annual Report Filings  
P. O. Box 6327  
Tallahassee, FL 32314

Please call if you have questions.

THIS FACSIMILE MESSAGE CONTAINS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE INDIVIDUAL ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF THE COMMUNICATION WAS RECEIVED IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE US POSTAL SERVICE. THANK YOU.