

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **648774** (8)

1. Corporation Name

DANIEL E. YARBROUGH, D.D.S. P.A.



Principal Place of Business

**1923 SOUTH FLORIDA AVE.
LAKELAND FL 33803**

Mailing Address

**1923 SOUTH FLORIDA AVE.
LAKELAND FL 33803**

2. Principal Place of Business

21 State, Apt., Rm., etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 State, Apt., Rm., etc.

27 City & State

28 Zip

30 Country

29

3. Date Incorporated or Qualified

12/19/1979

3a. Date of Last Report

03/30/1995

4. FEI Number

59-1971676

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

9. Name and Address of Current Registered Agent

**YARBROUGH, DANIEL E.
1923 SOUTH FLORIDA AVE.
LAKELAND FL 33803**

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 607.1503, 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 Person Authorized to Register with the Secretary of State

Signature of Registered Agent

Signature of New Registered Agent

12. OFFICERS AND DIRECTORS

12.1 TITLE **PD** ☐ DELETE
NAME **YARBROUGH, DANIEL E.**
STREET ADDRESS **1923 S. FLORIDA AVE.**
CITY, ST., ZIP **LAKELAND FL**
12.2 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST., ZIP
12.3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST., ZIP
12.4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST., ZIP
12.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST., ZIP
12.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST., ZIP
12.7 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST., ZIP
12.8 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST., ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST., ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST., ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST., ZIP
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST., ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(g), 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 in an attached form an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/96

941/688-2882

CR2E034 (12/95)