FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 689382 1. Corporation Name

FRANK J. GRESKOVICH D.D.S., P.A.

Principal Place of Business

Mailing Address

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90028 015 ***150.00



4850 NORTH N PENSACOLA FI		4850 NORTH NINTH AVE. PENSACOLA FL 32503						
TEMONOUEN TI		PENGAGUCA PL 32300			DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualifed 09/25/1980			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For	
21		26			59-2056784	No	ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		• • • • • • • • • • • • • • • • • • • •	E Codificate of Control Control	\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee Re	equired	
City & Star	te	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year	r Intangitue		
24	25	29	30		Personal Property Tax.	,⊠Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	red Agent		
CDC	CHONOR EDANK I	•	81	Name				
GRESKOVICH, FRANK J. 4850 NORTH NINTH AVE.				82 Street Address (P.O. Box Number is Not Acceptable)				
		•			**************************************	و من و در و حو		
PEN	SACOLA FL 32503		83					
			84	City		85 Zip	Code	
44 Dimilant		02 and 607 1509 Florida Statut	on the show	n named con	poration submits this statement for the purpose	of changing its	rogistored	
office or i	registered agent, or both, in the State	e of Florida. Such change was a	uthorized by	the corporati	ion's board of directors. I hereby accept the ap	ppointment as re	gistered	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes	3 .			J	
SIGNATURE	Signature, typed or printed name of registered agr	ANOTE	Designational Asses	-1 -1tura = ii-	ed when reinstating) / . : DATE			
12.		ND DIRECTORS	13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS		DRS IN 12	
TITLE	PD	DELETE	1,1 TITLE		11.7	Change	Addition	
NAME	GRESKOVICH, FRANK J.	_,	1.2 NAME			_ ,		
STREET ADDRESS				T ADDRESS		•		
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			2.2 MARKET	ſ		Change	☐ Addition	
STREET ADDRESS			2.2 NAME			Change	☐ Addition	
			2.3 STREET			☐ Change	Addition	
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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 of 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP