

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 689899 (3)
1. Corporation Name
DONALD C. JEFFERS, D.D.S., P.A.



Principal Place of Business
1298 NORTH DIXIE HIGHWAY
C/O DONALD C. JEFFERS
NEW SMYRNA BEACH FL 32168

Mailing Address
1298 NORTH DIXIE HIGHWAY
C/O DONALD C. JEFFERS
NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/01/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2024607	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JEFFERS, DONALD C. 1298 NORTH DIXIE HIGHWAY NEW SMYRNA BEACH FL 32168				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							
TITLE	DTP			<input type="checkbox"/> DELETE			
NAME	JEFFERS, DONALD C.						
STREET ADDRESS	1298 N. DIXIE HWY						
CITY-ST-ZIP	NEW SMYRNA BCH FL						
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				1.1 TITLE			
				1.2 NAME			
				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
				2.1 TITLE			
				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
				3.1 TITLE			
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE			
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE			
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				800002438538			
				-02/24/98--01008--011			
				***150.00			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registered agent 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.

CR2E034 (10/97)