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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F01483 (9)

1. Corporation Name

STEVE ALAN CHAPMAN, D.M.D., A PROFESSIONAL ASSOCIATION

Principal Place of Business

% RONALD E CLARK
108 N PALM AVENUE
PALATKA FL 32177-2626

Mailing Address

% RONALD E CLARK
108 N PALM AVENUE
PALATKA FL 32177-2626



2. Principal Place of Business

21 Dr. STEVE CHAPMAN

Suite, Apt. #, etc.

22 3520 St. Johns Ave.

City & State

23 PALATKA FL.

Zip

24 32177

Country

25 ~~USA~~ USA

2a. Mailing Address

26 Dr. STEVE CHAPMAN

Suite, Apt. #, etc.

27 3520 ST. JOHNS AVE.

City & State

28 PALATKA FL.

Zip

29 32177

Country

30 USA

3. Date Incorporated or Qualified

10/14/1980

3a. Date of Last Report

04/19/1996

4. FEI Number

59-2040723

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

CHAPMAN, STEVE ALAN
108 NORTH PALM AVE
PALATKA FL 32177

New Address Only

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3520 ST. JOHNS AVE.

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

STEVE A. CHAPMAN

(NOTE: Registered Agent signature required when replacing)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CHAPMAN, STEVE ALAN
STREET ADDRESS 108 N PALM AVENUE
CITY-ST-ZIP PALATKA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

14. I do 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:

STEVE A. CHAPMAN

4/29/97

904-328-8351

CR2E034 (9/96)