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PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **F05579** **(0)**

1. Corporation Name
WILLIAM K. STEVENS, DDS, P.A.

Principal Place of Business
259-A JOHN KNOX RD.
TALLAHSSEE FL 32303

Mailing Address
259-A JOHN KNOX RD.
TALLAHSSEE FL 32303-6676

3. Date Incorporated or Qualified: **11/14/1980**
3a. Date of Last Report: **06/14/1996**
4. FEI Number: **59-2056173** ☐ 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

2. Principal Place of Business / 2a. Mailing Address (Suite, Apt. #, etc.; City & State; Zip; Country)

9. Name and Address of Current Registered Agent
GREEN AND FONVIELLE, ATTY AT LAW
1017 THOMASVILLE ROAD
TALLAHASSEE, FLORIDA EF 32302

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STEVENS, WILLIAM K.	
STREET ADDRESS	3505 CEDAR LANE DR	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(1.1–6.4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP; ☐ Change ☐ Addition)

CR2E034 (9/96)

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: William L Stevens DDS   3-11-97   (904) 385-8109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0046747