

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F41257**

(9)

55 JUN - 1 1995

1. Corporation Name

FLINTLOCK, INCORPORATED

Principal Place of Business

**901 NW 57TH STREET
GAINESVILLE FL 32605**

Mailing Address

**901 NW 57TH STREET
GAINESVILLE FL 32605
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1981

3a. Date of Last Report

03/08/1994

4. FEI Number

22-2390663

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**

6. This corporation has liability for intangible tax under S. 189.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SLATER, JAMES
703 NORTHEAST 1ST STREET
GAINESVILLE FL 32601**

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 607.1508, 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 the date.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	SQUITERI, ALAN
STREET ADDRESS	901 NW 57TH STREET
CITY, ST, ZIP	GAINESVILLE FL
TITLE	VD
NAME	SQUITERI, DENNIS
STREET ADDRESS	901 NW 57TH STREET
CITY, ST, ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/95 331-3030

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CORPORATION
ANNUAL REPORT

1995 *6-7-95*



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

FILED
SECRETARY OF STATE
JUN 1 1995

DOCUMENT # **F41947**

(5)

1. Corporation Name

R. DOUGLAS ROGERS D.D.S., P.A.

Principal Place of Business

**C/O CARL E. WESTMAN
2335 9TH ST. N. SUITE 507
NAPLES FL 33940**

Mailing Address

**C/O CARL E. WESTMAN
2335 9TH ST. N. SUITE 507
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1981

3a. Date of Last Report

07/21/1994

4. FEI Number

59-2153379

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

21

Suite, Apt. #, etc

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ROGERS, DOUGLAS R.
2335 9TH STREET, NORTH
SUITE 507
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81

Name

Rogers, R. Douglas

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 the applicant)

(If CE) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PST
ROGERS, R. DOUGLAS
2335 9TH ST. N. #507
NAPLES FL**

**D
ROGERS, R. DOUGLAS
2335 9TH ST. N. #507
NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

R. Douglas Rogers D.D.S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/95
Date
813-262-7200
Telephone Number