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

PRÖFIT
CORPORATION
ANNUAL REPORT
1999

HAMMOND, ROBERT B., D.D.S., P.A.

624 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 05, 1999 8:00am Secretary of State

02-05-1999 90015 044 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

ROBERT B. HAMMOND, D.D.S., P.A.

F42286

Fee Required

-6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. System Into Name and Address of New Registered Agent me

seet Address (P.O. Box Number is Not Acceptable)

3. Date incorporated or Qualifed

5. Certificate of Status Desired

08/27/1981

59-2116781

4. FEI Number

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

FL 85 Zip Code
above-named corporation submits this statement for the purpose of changing its registered

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 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ппе DP DELETE 11777 F Change | Addition VAME HAMMOND, ROBERT B 1.2 NAME STREET ADDRESS 624 SO RIDGEWOOD AVE 1.3 STREET ADDRESS TTY-ST-ZIP DAYTONA BEACH, FL 00000 1.4 CITY-ST-ZIP TILE DELETE 2.1 TITLE ☐ Change ☐ Addition AME 2.2 NAME TREET ADDRESS 2.3 STREET ADDRESS ITY-ST-ZIP 2. 4 CITY+ST-ZIP ITLE ☐ DELETE 3.1 TITLE ☐ Change Addition AME 3.2 NAME TREET ADDRESS 3.3 STREET ADDRESS ITY-ST-ZIP 3.4 CITY-ST-ZIP TLE DELETE 4.1 TITLE Change ☐ Addition ΜĘ 4.2 NAME TREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 4.4 CITY-ST-ZIP TLE ☐ DELETE 5.1 TTLE Change - Addition ME 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 5.4 CITY-ST-ZIP TLΕ ☐ DELETE 6.1 TITLE Addition ME 6.2 NAME REET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP 6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 904-258-19210

CR2E034 (11/98)