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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F50446

(6)

B.L. SHOWS, D.D.S., P.A.

,,

Mailing Address

FILED Jan 15 1998 8:00am Secretary of State



2221 FAIRCHILD ST PO BOX 10334 PENSACOLA FL 32504 PENSACOLA FL 32524 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1981 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-2122530 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ADAMS, O. E. (SR.) 2020 NO. PALAFOX STREET Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE 1.1 TITLE SHOWS, BOBBY NAME 1.2 NAME 4555 LILLIAN-HWY STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA, FL 00000 PENSACOLA CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ Change 2.1 TITLE WHITE, THERESA NAME 2.2 NAME 2221 FAIRCHILD ST STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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.

SIGNATURE: 13.45/12/1075-PAF POLLETS hows DDS, PA, 1-6-981-850-476-8739

CH2E034 (10/97)