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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90151 001 ***150.00

DOCUMENT # F59390 1. Corporation Name

CALDWELL DENTAL LABORATORY, INC.

Principal Plac	e of Business	Mailing Address			רום וופט גוופו פוונו טפופו פווום ופוו ספונסטו ו	ם נותנם גופוס ויחים און	ופעג וועוס וועו
13601-18 MCGREGOR BLVD. 13601-18 MCGREGOR BLVD.							
SUITE 18 SUITE 18							
FT. MYERS FL 33919 FT. MYERS FL 33919					DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualified 12/23/1981		}
2. Principal P	lace of Business	2a. Mailing Address			4. IFEI Number	Ap	plied For
21		26			59-2150858	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	o Fees
Zip			Country		This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Register		
	- Hame and Address of Culten	r registeren wägitt	81 N	ame	Hanne and Address or Heat Madiates.	- Canit	
CAL	DWELL, SCOTT B.					<u> </u>	
	11-18 MCGREGOR BLVD.		82 Si	82 Street Address (P.O. Box Number is Not Acceptable)			
FY. N	MYERS FL 33919		83		 		
			84 C	ity		85 Zip C	Code
11 Pureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above na	med como	ration submits this statement for the purpose		registered
office or r	egistered agent, or both, in the State	of Florida. Such change was autl	horized by the	corporation	n's board of directors. I hereby accept the ap	pointment as req	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes.				n
SIGNATURE	Signature, typed or printed name of registered agen	t and title if analicable (NOTE: P.	egistered Agent sign	other required	when reinstating) DATE		}
12,		D DIRECTORS	13.	iatoro requireo s	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TIFLE	P	☐ DELETE	1.1 TATLE			Change	Addition
NAME .	CALDWELL, SCOTT B.		1.2 NAME		•	, A	
STREET ADDRESS	13601-18 MCGREGOR BLVD.		1.3 STREET ADD	RESS	•	•	ł
CITY-ST-ZIP	FT. MYERS FL		4	· -			J
TITLE			1.4 CITY-ST-ZIP	- }			}
	V	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	_	 	☐ Change	☐ Addition
	•	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	CORNELIUS, CHERYL L	☐ DELETE	2.1 TITLE 2.2 NAME		 	☐ Change	Addition
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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, with all other like empowered.