

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F80635** (8)

1. Corporation Name

JAMES L. STRAWN, D.D.S., P.A.



Principal Place of Business

**C/O JAMES L. STRAWN
5050 S. 25TH STREET
FT PIERCE FL 34981**

Mailing Address

**C/O JAMES L. STRAWN
5050 S. 25TH STREET
FT PIERCE FL 34981**

3. Date Incorporated or Qualified

05/04/1982

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FET Number

59-2193092

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRAWN, JAMES L
3976 OAK HAMMOCK LANE
FT PIERCE FL 34981**

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 607.1506, 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 corporation

Signature of Registered Agent (signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
STRAWN, JAMES L
STREET ADDRESS
3976 OAK HAMMOCK LN
CITY-STATE-ZIP
FT PIERCE, FL 00000

1.1 TITLE ☐ Change ☐ Addition

2. TITLE ☐ DELETE

NAME
STRAWN, JAMES L
STREET ADDRESS
3976 OAK HAMMOCK LN
CITY-STATE-ZIP
FT PIERCE, FL 00000

2.1 TITLE ☐ Change ☐ Addition

3. TITLE ☐ DELETE

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STREET ADDRESS
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3.1 TITLE ☐ Change ☐ Addition

4. TITLE ☐ DELETE

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4.1 TITLE ☐ Change ☐ Addition

5. TITLE ☐ DELETE

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5.1 TITLE ☐ Change ☐ Addition

6. TITLE ☐ DELETE

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6.1 TITLE ☐ Change ☐ Addition

7. TITLE ☐ DELETE

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7.1 TITLE ☐ Change ☐ Addition

8. TITLE ☐ DELETE

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8.1 TITLE ☐ Change ☐ Addition

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10.1 TITLE ☐ Change ☐ Addition

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11.1 TITLE ☐ Change ☐ Addition

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13.1 TITLE ☐ Change ☐ Addition

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14.1 TITLE ☐ Change ☐ Addition

15. TITLE ☐ DELETE

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15.1 TITLE ☐ Change ☐ Addition

16. TITLE ☐ DELETE

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16.1 TITLE ☐ Change ☐ Addition

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17.1 TITLE ☐ Change ☐ Addition

18. TITLE ☐ DELETE

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18.1 TITLE ☐ Change ☐ Addition

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19.1 TITLE ☐ Change ☐ Addition

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20.1 TITLE ☐ Change ☐ Addition

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23.1 TITLE ☐ Change ☐ Addition

24. TITLE ☐ DELETE

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24.1 TITLE ☐ Change ☐ Addition

25. TITLE ☐ DELETE

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25.1 TITLE ☐ Change ☐ Addition

26. TITLE ☐ DELETE

NAME
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26.1 TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L Strawn

1-20-96 407-414-4822

CR2E034 (12/95)