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

Mailing Address

1394 TIMBERLANE ROAD

TALLAHASSEE FL 32312-1766

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Plane of Business

1384 TIMBERLANE ROAD TALLAHASSEE FL 32312



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F95000000551 (0)

MANATEE ORTHODONTIC LAB, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3298726 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιρ Country  $Z_{ip}$ This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **EVANS, CAROLYN** 1384 TIMBERLANE ROAD Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32312 83 64 City 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 pure diname of registered agent and title if approable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE SEXTON, ROCHELLE G 1.2 NAME NAME 1814 WIMBLEDON DR. STREET AUDRESS 1.3 STREET ADDRESS THOMASVILLE GA 31792 OTY-ST-7P 1.4 CITY - ST - ZIP DELETE Change CSD Addition TILE 2.1 TITLE MALIE SEXTON, TOM C 2.2 NAME 1814 WIMBLEDON DR. STREET ADDRESS 2.3 STREET ADDRESS THOMASVILLE GA 31792 2 4 CITY-ST-ZIP City St. 20 Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP 011a - S1, 7iP DELETE Change Addition 1016 4.1 TITLE 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS. 4.4 CITY-ST-ZIP CHY-ST ZIE DELETE Change Addition 3017 5 1 TITLE 52 NAME NAMI 5.3 STREET ADDRESS STREET ADDRESS CH14 S1 Z6 54 CITY-ST-ZIP Addition DELETE Change 61 TITLE III E NAME 62 NAME **63 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP CHY-S1-Z-P 14. I do 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 logal effect as if made under oath; that I am an efficer 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

Apr 21 1997 8:00am Secretary of State

