

05081999-90067-038-\$150.00-\$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000551

1. Corporation Name

MANATEE ORTHODONTIC LAB, INC.

Principal Place of Business
1384 TIMBERLANE ROAD
TALLAHASSEE FL 32312

Mailing Address
1384 TIMBERLANE ROAD
TALLAHASSEE FL 32312

APPROVED
AND
FILED
99 JUN -9 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-08 99 90067 038 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/01/1995

4. FEI Number

59-3208726

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EVANS, CAROLYN
1384 TIMBERLANE ROAD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name Susan Warner
82 Street Address (P.O. Box Number is Not Acceptable)
1384 Timberlane RD
83
84 City Tallahassee FL 85 Zip Code 32312

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

Susan F. Warner
Signature Applied to printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

6/8/99

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE
NAME SEXTON, ROCHELLE G
STREET ADDRESS 1814 WIMBLEDON DR.
CITY-ST-ZIP THOMASVILLE GA 31702

TITLE CSD ☐ DELETE
NAME SEXTON, TOM C
STREET ADDRESS 1814 WIMBLEDON DR.
CITY-ST-ZIP THOMASVILLE GA 31702

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

Richard Seep
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

880 6682080
Daytime Phone

CR2E034 (11/98)