SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FILED Aug 19 1998 8:00am Secretary of State

HARRY 	C. FUTRELL, D.M.D., P.A.				
Principal Plac	e of Business	Mailing Address			EN OUTH 910H DIEN OPH 100H 100H
ſ			u.D.	1	
% HARRY C. FUTRELL. D.M.D. 330 WEST 23RD ST. PANAMA CITY FL 32405		% HARRY C. FUTRELL, D.M.D. 330 West 23RD St. Panama City Fl 32405		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				09/29/1982	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2225892	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	-T-	5. Certificate of Status Desired	\$8.75 Additional
	lite J	27 SUITE-	J		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Curren		30	Personal Property Tax due June 30. 10. Name and Address of New Register	
E117	RELL, HARRY C.	v wohister An Whent	81 Name	10. Halling and Address of How Register	ow Adout
330 WEST 23RD ST. PANAMA CITY FL 32405			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)	
FAN	AMA CITT FE 32403		83		
			84 City		85 Zip Code
					
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, section 607.0505, Flo	authorized by the corpo orida Statutes.	rporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap	po int ment as registered
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligations of t	of Florida. Such change was a ations of, section 607,0505, Flo at and tille if applicable (NO	authorized by the corpo orida Statutes. OTE: Registered Agent signature	ration's board of directors. I hereby accept the appropriate to the property of the property o	pointment as registered
office or agent. I s SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature typed or printed name of registered agen OFFICERS AN	of Fiorida. Such change was a ations of, section 607.0505, Fio at and title if applicable (NO D DIRECTORS	authorized by the corpo orida Statutes. PTE: Registered Agent signature 13.	ration's board of directors. I hereby accept the ap	pointment as registered E AND DIRECTORS IN 12
office or agent. I a SIGNATURE 12. TITLE	registered agent, or both, in the State am familiar with, and accept the obligate Signature typed or printed name of registered agen OFFICERS AN	of Florida. Such change was a ations of, section 607,0505, Flo at and tille if applicable (NO	ortical by the corporate Statutes. TE: Registered Agent signature 13. 1.1 TITLE	ration's board of directors. I hereby accept the appropriate to the property of the property o	pointment as registered
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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 suppliemental 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

850 769.3427