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

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G60773

(0)

G. EDWARD SHEHEE, JR., D.M.D., M.S., P.A.

## FILED Aug 05 1998 8:00am Secretary of State



Principal Place of Business 1007 AIRPORT BOULEVARD PENSACOLA FL 32504		1	Mailing Address 1007 AIRPORT BOULEVARD PENSACOLA FL 32504				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 10/01/1983	GFACE
2. Principal Place of Business 21			2a. Mailing Address 26				4. FEI Number 59-2326245	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State				6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Count 25	29		30 Cou	intry		This corporation owes or has paid the current Personal Property Tax due June 30.	Yes No
CUA		ess of Current Reg	istered Agent		81	<b>S</b> laws	10. Name and Address of New Registered	Agent
	SE, JAMES L. East covernment	T OTDEET			01	Name		
201 EAST GOVERNMENT STREET PENSACOLA FL 32501					82	Street Add	ess (P.O. Box Number is Not Acceptable)	
					83			
					84	City	FL	85 Zip Code
i office or i	to the provisions of sec registered agent, or bot am familiar with, and ac	ln. in the State of Flo	rida. Such change was	authorizer	i hv	the corporat	pration submits this statement for the purpose of chion's board of directors. I hereby accept the appoin	anging its registered ntment as registered
SIGNATURE	Signature, typed or printed name						guired when reinstating) DATE	;
12.	(	OFFICERS AND DIR		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TIT	LE			Change Addition
NAME	SHEHEE, G. EDWA			1.2 NA	ME			
STREET ADDRESS	1007 AIRPORT BLY	VD		1.3 ST	REET	ADDRESS	-	
CITY-ST-ZIP	PENSACOLA FL			1.4 CI		ZIP		
TITLE			DELETE	2.1 TIT			l	Change Addition
NAME STREET ADDRESS				2.2 NA				
CITY-ST-ZIP				2.4 CI		ADDRESS		<b>:</b>
TITLE			DELETE	3.1 TII		ZIP		Change Addition
NAME			E.J OLLUT	3.2 NA	ME			Change Addubit
STREET ADDRESS				3.3 ST	REET	ADDRESS		
CITY-ST-ZIP				3.4 C/T	Y-ST-	ZIP		
TITLE			DELETE	4.1 TIT	LE			Change Addition
NAME				4.2 NA				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE			<u>Г</u> Тъп. 575	4.4 CIT		ZIP		
NAME			DELETE	5.1 T(T 5.2 NA			L	Change Addition
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				5.4 CIT		i		
TITLE			DECETE	6.1 TIT			ſ	Change Addition
NAME			L. J DELETE	6.2 NA		]	·	TI CHANGE TI WIGHTON
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				6.4.013	V DT :	3.0		

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 an attachment with an address.

7-26-611

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