

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H01757 (4)

1. Corporation Name

JAMES A. STRICKLAND, JR., D.M.D., P.A.

Principal Place of Business

4401 WESCONNETT BLVD.
SUITE 200
JACKSONVILLE FL 32210

Mailing Address

4401 WESCONNETT BLVD.
PO BOX 56107
JACKSONVILLE FL 31141-6107
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

STRICKLAND, JAMES A., JR., D.M.D.
4401 WESCONNETT BLVD.
SUITE 200
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified

05/02/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2411795

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

10. Name and Address of New Registered Agent

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 607.1508, 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 printed below must be given to agent and filed with this filing.

(NOTE: Registered Agent signature required when registration)

Date

12. OFFICERS AND DIRECTORS

TITLE PST
NAME STRICKLAND, JAMES A. JR.
STREET ADDRESS 4401 WESCONNETT BLVD.
CITY - ST - ZIP JACKSONVILLE FL

☐ DELETE

TITLE D
NAME STRICKLAND, JAMES A. JR.
STREET ADDRESS 4401 WESCONNETT BLVD.
CITY - ST - ZIP JACKSONVILLE FL

☐ DELETE

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

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☐ Change

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☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96

904
772 8060

CR2E034 (3/96)