

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H28737** (5)

1. Corporation Name:

DR. STEVEN L. JENKINS, D.D.S., P.A.

Principal Place of Business

**121 W PLYMOUTH AVE., STE A-1
DELAND FL 32720**

Mailing Address

**121 W PLYMOUTH AVE., STE A-1
DELAND FL 32720**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/31/1984	3a. Date of Last Report 02/15/1994
4. FEI Number 59-2461329	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**JENKINS, STEVEN L.
PLYMOUTH AVENUE
PLYMOUTH PROFESSIONAL CENTER, S-A1A
DELAND FL 32720**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

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 name of registered agent and the filer

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	PD
NAME	JENKINS, STEVEN L.	1. NAME	Jenkins, Steven L.
STREET ADDRESS	PLYMOUTH AVE #A1A	1. STREET ADDRESS	121 West Plymouth Avenue, Suite A-1
CITY- ST- ZIP	DELAND FL	1. CITY- ST- ZIP	DeLand, Florida 32720
TITLE		2. TITLE	
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY- ST- ZIP		2. CITY- ST- ZIP	
TITLE		3. TITLE	
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY- ST- ZIP		3. CITY- ST- ZIP	
TITLE		4. TITLE	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY- ST- ZIP		4. CITY- ST- ZIP	
TITLE		5. TITLE	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY- ST- ZIP		5. CITY- ST- ZIP	
TITLE		6. TITLE	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY- ST- ZIP		6. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *✓*

DR. STEVEN L. JENKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1042895

704-736-2628