## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H39387 (6)

WARD AND MILLER, D.D.S.,P.A.

## **FILED** Feb 11 1998 8:00am Secretary of State



Principal Place	o of Rusinous	Mailing Address				II BEDIN DIOXX ENDIN CINNI XEBI
Principal Place of Business Mailing Address  ** R. NEIL WARD  ** SEARS STORE, REGENCY SOUARE SHOPPING CNTR.  ** SEARS STORE, REGENCY SOUARE SHOPPING CNTR.						
				TR.		
JACKSONVILLE FL 32225		JACKSONVILLE FL 32225		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					01/24/1985	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2488231	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7 <sub>(p)</sub>	Country	<del></del>	8. This corporation owes or has paid the cu	
24	25	1 · 1 · .	30		, ·	Yes No
<del></del>	9. Name and Address of Current (	A company of the comp	1		10. Name and Address of New Registered	<del></del>
WA	RD, R. NEIL		81	Name		
	ARS STORE		82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)	
	GENCY SQUARE SHOPPING CENT	TER	62	SHEEF AGG	ress (F.O. BOX Number is Not Acceptable)	
JACKSONVILLE FL 32225			83		**************************************	·. ·
			84	0.3		leel at out
			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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.						
SIGNATURE	51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Signature, typed or point a triente of region restance and timent applicable. INOTE  12. OF EICERS AND DIRECTORS			Hegistered Age	int signature requir	red when reinstating) DATE	D DIDECTORS IN 12
T!TLE	P OFFICE NO AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	MILLER, THOMAS R., DDS		1.2 NAME			
STREET ADDRESS	2218 LAUGHING GULL CIR		1.3 STREET	ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		1.4 CITY-S			
TITLE	8	DELETE	2 1 TITLE	1-511		Change Addition
NAME	WARD, ROIS NEIL DDS		2.2 NAME	•		· · · · · · · · · · · · · · · · · · ·
STREET ADORESS	40 COLONY ST		23 STREET	ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		2. 4 CiTY - S	ST-71P		
TITLE		☐ DELETE	31 TITLE			☐ Change ☐ Addition
NAME			3 2 NAME	]		
STREET ADDRESS			3 3 STAEET	ADDRESS		
CITY-ST-ZIP			3 4. CITY - S	T-ZIP		
TITLE		☐ DELETE	4.1 THILE			☐ Change ☐ Addition
NAME			4. 2 NAME			İ
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T- ZiP	<u>"</u>	
TITLE		DELETE TE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5 4 CITY-S	T- ZIP		T16:
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6 2 NAME			
STREET ADDRESS			63STREET			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		ľ

14. I horeby certify that the information supplies t with the indicated on this annual report or supplemental annual officer or director of the corporation or the presence of Block 12 or Block 13 if change of or an althourier. filling does not quality for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an rusted employment to produce this report as required by Chapter 607, Florida Statutes; and that my name appears in