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 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H44800** **(1)**

1. Corporation Name
ELI F. WHITE, D.D.S., P.A.

Principal Place of Business	Mailing Address
255 FORTENBERRY ROAD MERRITT ISLAND FL 32952	255 FORTENBERRY ROAD MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/25/1985**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

4. FEI Number: 59-0740014 ☐ Applied For ☐ Not Applicable

ate of Status Desired ☐ **$8.75** Additional Fee Required

Campaign Financing nd Contribution ☐ **$5.00** May Be Added to Fees

rporation has liability for intangible tax under S. 199.032, Statutes ☒ Yes ☐ No

Middle initial @ #1 is incorrect should be "E"

9. Name and Address of Current

WHITE, ELI E.
255 FORTENBERRY ROAD
MERRITT ISLAND FL 32952

and Address of New Registered Agent

Number is Not Acceptable)

FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 a or registered agent, or both, in the State of Florida familiar with, and accept the obligations of, Sectio

his statement for the purpose of changing its registered office I hereby accept the appointment as registered agent. I am

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent or

12. OFFICERS AND INS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	WHITE, ELI E.	12 NAME	
STREET ADDRESS	255 FORTENBERRY RD.	13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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: _____ 4/28/95 (407) 453-2452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070312 CP