FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H52868** **(7)**

1. Corporation Name

SUPERIOR DENTAL LABORATORY, INCORPORATED

Principal Place of Business	Mailing Address
4910 MILE STRETCH DRIVE HOLIDAY FL 34690 US	4910 MILE STRETCH DRIVE HOLIDAY FL 34690 US

3. Date Incorporated or Qualified: **04/22/1985**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **59-2526625** ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

EARP, MARY NAN
1313 STATE RD.595
HOLIDAY FL 34690

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 Section 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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	EARP, MARY NAN		12 NAME	
STREET ADDRESS	4910 MILE STRETCH DR		13 STREET ADDRESS	
CITY, ST, ZIP	HOLIDAY FL		14 CITY, ST, ZIP	
TITLE	VST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	APUZZIO, ANIELLO		22 NAME	
STREET ADDRESS	4910 MILE STRETCH DR		23 STREET ADDRESS	
CITY, ST, ZIP	HOLIDAY FL		24 CITY, ST, ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	APUZZIO, ANIELLO		32 NAME	
STREET ADDRESS	4940 MILE STRETCH DR		33 STREET ADDRESS	
CITY, ST, ZIP	HOLIDAY FL		34 CITY, ST, ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY, ST, ZIP			44 CITY, ST, ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY, ST, ZIP			54 CITY, ST, ZIP	
TITLE		☐ DELETE	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)(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 added to the report with an address.

SIGNATURE: Mary Nan Earp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY NAN EARP 1/18/96 (813) 937-8420
Title Date Daytime Phone #

CR2E034 (12/95)