

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 # H95440

(4)

1. Corporation Name

FARLEY'S DENTAL LABORATORY, INC.

Principal Place of Business

4353 S. MANHATTAN AVE.
TAMPA FL 33611

Mailing Address

4353 S. MANHATTAN AVE.
TAMPA FL 33611

3. Date Incorporated or Qualified
01/22/1986

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2642400

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARLEY, MICHAEL D
3710 W ROLAND
TAMPA FL 33609

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 name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FARLEY, MICHAEL D
STREET ADDRESS 4353 S MANHATTAN AVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME FARLEY, PAULINE S
STREET ADDRESS 4353 S. MANHATTAN AVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/96 1813/8376490
Date Daytime Phone #

CR2E034 (12/95)

H 95440

2082

4/03/96 CORPORATE DETAIL RECORD SCREEN 3:45 PM
NUM: H95440 ST:FL ACTIVE/FL PROFIT FLD: 01/22/1986
FEI#: 59-2642400
NAME : FARLEY'S DENTAL LABORATORY, INC. CHANGED: 07/07/88
PRINCIPAL: 4353 S. MANHATTAN AVE.
ADDRESS TAMPA, FL 33611
RA NAME : FARLEY, MICHAEL D NAME CHG: 06/08/92
RA ADDR : 3710 W ROLAND ADDR CHG: 06/08/92
TAMPA, FL 33609
ANN REP : (1993) BY 05/01/93 (1994) B 04/15/94 (1995) BY 04/27/95

1. MENU, 3. OFFICERS

ENTER SELECTION AND CR:
4/03/96 OFFICER/DIRECTOR DETAIL SCREEN 3:46 PM
CORP NUMBER: H95440 CORP NAME: FARLEY'S DENTAL LABORATORY, INC.
TITLE: PD NAME: FARLEY, MICHAEL D
4353 S MANHATTAN AVE
TAMPA, FL
TITLE: ST NAME: FARLEY, PAULINE S
4353 S. MANHATTAN AVE
TAMPA, FL