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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # .120290

(9)

 Corporation Name FRANKLIN E. MAY. D.D.S., P.A. Principal Place of Business Mailing Address 16 STAR LAKE DRIVE 16 STAR LAKE DRIVE PENSACOLA FL 32507 PENSACOLA FL 32507 3. Date Incorporated or Qualified 3a. Date of Last Report 06/19/1986 02/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2769534 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Country Country Z_{10} 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 ☐ Yes ☐ No Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAY, FRANKLIN E. 82 Street Address (P.O. Box Number is Not Acceptable) 103 S. NAVY BLVD. PENSACOLA FL 32507 83 84 City 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE THILE 1 1 TIBLE Change ☐ Addition MAY, FRANKLIN E. NAME 1.2 NAME CR2E034 103 S. NAVY BLVD. STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TILLE 2 1 TITLE Change Addition NAME 22 NAME STEEL LADDRESS 2.3 STREET ADDRESS 01TY - \$1 - 7i2 24 CITY - ST - ZIP 11'15 DELFTE 3 1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- 7(E) 3 4 City - St - ZIP THUE DELETE 4.1 TITLE Change ☐ Addition NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE THLE 5 1 TITLE ☐ Addition NAME 5.2 NAME STEEL LADDRESS 5 3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - ST - ZIP DIEF DELETE 6. 1 THILE Change ☐ Addition 62 NAME STREE! ADDRESS 6.3 STREET ADDRESS CI1Y-S1-7P 6 4 CITY - \$1 - 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 attayliment with an address.

IGNATURE: Franklin & Way DDS Pa 1/21/9 (904) 454-406