

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J23789 (7)

1. Corporation Name

DAYTONA DENTAL LAB OF VOLUSIA COUNTY, INC.



Principal Place of Business

107 MARION ST.  
DAYTONA BCH. FL 32114

Mailing Address

107 MARION ST.  
DAYTONA BCH. FL 32114

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified  
07/14/1986

3a. Date of Last Report  
01/31/1995

4. FEI Number

59-2695672

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRENCH, MIKE  
107 MAIRON ST  
DAYTON BEACH FL 32114

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 the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

STVD  
FRENCH, BETTY  
107 MARION ST  
DAYTONA BCH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

PD  
FRENCH, MICHAEL  
107 MARION ST.  
DAYTONA BCH. FL

1.2 NAME

TITLE NAME ☐ DELETE

FRENCH, MICHAEL  
107 MARION ST.  
DAYTONA BCH. FL

1.3 STREET ADDRESS

TITLE NAME ☐ DELETE

FRENCH, MICHAEL  
107 MARION ST.  
DAYTONA BCH. FL

1.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

FRENCH, MICHAEL  
107 MARION ST.  
DAYTONA BCH. FL

2.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

FRENCH, MICHAEL  
107 MARION ST.  
DAYTONA BCH. FL

2.2 NAME

TITLE NAME ☐ DELETE

FRENCH, MICHAEL  
107 MARION ST.  
DAYTONA BCH. FL

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Michael D. French  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. French

1-26-96

904 255 0721

Date

Daytime Phone #

CR2E034 (12/95)