## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J49893 1. Corporation Name

W. FORREST TAYLOR, D.D.S., INC.

						-			
Principal Plac	ce of Business	Ma	iling Address			•			10/1 010/1 0/0// 100/
C/O W. FORREST TAYLOR C/O W. FORREST TAYLOR									
234 E JEFFERSON STR 234 EAST JEFFERSON ST.							DO NOT WRITE IN THI	e edace	
US QUINCY FL 32351 QUINCY FL 32351							3. Date Incorporated or Qualifed	3 SPACE	<del></del> 1
03		00					01/01/1987		
2 Principal C	Place of Business	25	Mailing Address				4. FEI Number	т.	A = 0 = 4 = -
<u> </u>	race of business	· 🗀	Walling Address					_	Applied For
Suite, Apt.	# etc	26	Suite, Apt. #, etc.				59-2751807	<b>¢o</b> 7	Not Applicable 5
	, w, Gio.	27	ouite, Apt. #, etc.				5. Certifcate of Status Desired		e Required
City & Sta	te		City & State				6 Floring Committee Financian		
23		28	ony a onono				6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country		Zip	Cot	intry	<del> </del>	This corporation owes the current year li		ed to rees
24	25	29		30		•	Personal Property Tax.	Yes	□No
24]	9. Name and Address of Curren		ered Agent	130	1		10. Name and Address of New Registered		
	o. Humo and Address of Surren	it itegiot	orce rigeric		81	Name	To. Haine and Address of Herr Hegisters	a Agoitt	
TAY	LOR, W. FORREST								
234 EAST JEFFERSON STREET					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	NCY FL 32351				83			<del></del>	* * * * * * * * * * * * * * * * * * * *
	, , , , , , , , , , , , , , , , , , ,				03				
	5+				84	City		85	Zip Code
			-1		Щ		<u> </u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.050 to the provisions of Sections 607.050	2 and 60 of Florida	7.1508, Florida Statut L Such change was a	es, the a uthorized	bove 1 by 1	-named corpo the corporation	pration submits this statement for the purpose on n's board of directors. I hereby accept the appo	of changing	j its registered s registered
agent. I a	am familiar with, and accept the obliga	tions of,	Section 607 0505, Flo	rida Stat	utes.				
SIGNATURE	•								
	Signature, typed or printed name of registered ager		••		Agent	signature required			
12.	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PST		☐ DELETE	1.1 TF	TLE			☐ Char	nge 🗌 Addition (
NAME	TAYLOR, W. FORREST			1.2 N	AME				
STREET ADDRESS				1.3 \$1	IREET	ADDRESS	•		
CITY-ST-ZIP	QUINCY FL			1.4 CI	TY-\$T	-ZIP			
TITLE	D ·		☐ DELETE	2.1 Π	πE	ļ			
NAME	TAYLOR, W. FORREST			2.2 NA	AME			Char	nge 🔲 Addition
STREET ADDRESS	234 EAST JEFFERSON ST.			•		ľ		Char	nge [_] Addition
CITY-ST-ZIP	QUINCY FL			2.3 \$1	REET	ADDRESS		Char	nge [_] Addition
TITLE					TREET			Char	nge [_] Addition
NAME			☐ DELETE		ITY-S			Char	
			☐ DELETE	2.4 C	ITY-ST			<u>-</u>	
STREET ADDRESS			☐ DELETE	2.4 C 3.1 TT 3.2 NA	ITY-ST TLE AME	r-ZIP		<u>-</u>	
STREET ADDRESS			☐ DELETE	2.4 C 3.1 TT 3.2 NA 3.3 ST	ITY-ST TLE AME TREET	r-ZIP  ADDRESS		<u>-</u>	
CITY-ST-ZIP				2.4 C	ITY-ST TLE AME TREET ITY-ST	r-ZIP  ADDRESS		_ Char	nge Addition
CITY-ST-ZIP			☐ DELETE	2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. CI 4.1 TT	ITY-ST TLE AME TREET ITY-ST TLE	r-ZIP  ADDRESS		<u>-</u>	nge Addition
CITY-ST-ZIP TITLE NAME				2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. CI 4.1 TT 4.2 No	ITY-ST TLE AME TREET ITY-ST TLE AME	r-zip  Address r-zip	· · · · · · · · · · · · · · · · · · ·	_ Char	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. C 4.1 TT 4.2 NA 4.3 ST	ITY-ST TLE AME TREET ITY-ST TLE AME	ADDRESS 1-ZIP ADDRESS		_ Char	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		. :	[] DELETE	2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. CI 4.1 TTI 4.2 NA 4.3 ST 4.4 CI	ITY-ST TLE TREET TY-ST TLE TREET TY-ST	ADDRESS 1-ZIP ADDRESS		☐ Char	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. Cl 4.1 TTI 4.2 NA 4.3 ST 4.4 Cl 5.1 TTI	TITY-ST TLE AME TREET TLE AME TREET TY-ST TLE	ADDRESS 1-ZIP ADDRESS		_ Char	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		.:	[] DELETE	2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. Cl 4.1 TTI 4.2 NA 4.3 ST 4.4 Cl 5.1 TTI 5.2 NA	TLE TREET TLE TREET TLE TREET TY-ST TLE TREET TY-ST TLE	ADDRESS 1-ZIP  ADDRESS -ZIP		☐ Char	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		.:	[] DELETE	2.4 C 3.1 TT 32 NA 3.3 ST 3.4 CI 4.1 TTI 4.2 NA 4.3 ST 4.4 CI 5.1 TTI 5.2 NA 5.3 ST	ITY-ST TLE TREET TILE TREET TLE TREET TLE TREET TLE TREET TLE TREET TLE TREET	ADDRESS 1- ZIP  ADDRESS -ZIP  ADDRESS		☐ Char	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. Cl 4.1 TTI 4.2 NA 4.3 ST 4.4 Cl 5.1 TTI 5.2 NA 5.3 ST 5.4 Cl	ITY-ST TLE TREET TTY-ST TLE TREET TLE TREET TLE TREET TLE TREET TTY-ST	ADDRESS 1- ZIP  ADDRESS -ZIP  ADDRESS		☐ Char	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			[] DELETE	2.4C 3.1TT 3.2 NA 3.3 ST 3.4.CC 4.1 TT 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST 5.4 CC 6.1 TT	ITY-ST TLE AME TREET ITY-ST TLE AME TREET TLE TREET TY-ST TLE	ADDRESS 1- ZIP  ADDRESS -ZIP  ADDRESS		☐ Char	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	2.4C 3.1TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST 4.4 CC 5.1 TTT 5.2 NA 5.3 ST 5.4 CC 6.1 TTT 6.2 NA	ITY-ST TLE AME TREET TILE AME TREET TY-ST TLE AME TREET TY-ST TLE TY-ST TLE AME TREET TY-ST TLE AME	ADDRESS 1- ZIP  ADDRESS -ZIP  ADDRESS		☐ Char	nge Addition

14. I hereby certify that the information supplied with this filing 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 chapged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90022 012 \*\*\*158.75