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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **J77442** **(8)**

1. Corporation Name

THE CHESHIRE GRIN DENTAL LAB, INC.

Principal Place of Business	Mailing Address
1303 W. FLETCHER AVENUE TAMPA FL 33612 US	1303 W. FLETCHER AVE TAMPA FL 33612 US

REMITTED BY MAY 1

3. State where Incorporated or Qualified: 06/05/1987

3a. Date of Last Report: 04/04/1994

2. Principal Place of Business
21 1303 W. Fletcher Ave.
22 Suite, Apt. #, etc.
23 City & State: Tampa FL
24 Zip: 33612 25 County: USA

2a. Mailing Address
26 SAme
27 Suite, Apt. #, etc.
28 City & State: Same
29 Zip: Same 30 County: Same

4. FEI Number: 59-2824314 ☐ 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

~~SMITH, H. STRATTON III~~
~~600 W. AZEELE ST.~~
~~10~~
~~TAMPA FL 33606~~

10. Name and Address of New Registered Agent

81 Name: CAry A. Williams
82 Street Address (P.O. Box Number is Not Acceptable): 1303 W. Fletcher Ave.
83
84 City: Tampa FL 85 Zip Code: 33612

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: Cary A. Williams 5/4/95
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	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, STEPHANY J.	12 NAME	
STREET ADDRESS	1303 W. FLETCHER AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, CARY A.	22 NAME	
STREET ADDRESS	1303 W. FLETCHER AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, KIMBERLY L.	32 NAME	
STREET ADDRESS	1303 W. FLETCHER AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BLAIR H.	42 NAME	
STREET ADDRESS	1303 W. FLETCHER AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		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 on an attachment with an address.

SIGNATURE: Cary Williams - Sec. 4/20/95 (813) 968-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cary Williams ATTY

0296818 CF