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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K50404 **DOCUMENT #**

(8)

Trusted Flace of Business	ROBERT D. DENSMORE, D.C., P.A.									
TAMPA FL 3869	Principal Place	e of Business	Mailing Adoress			i all Biglin Mit Grant mittels Britis Bill	61 A121 A1201	##### ##### ##### #		
12/09/1988										
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Supplication Supp	Suite, Apt. #, etc.		Suite, Apt. #, etc							
City & State 28						5. Certificate of Status Desired \$8.75 Additional Fee Required				
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DENSMORE, ROBERT D. D.C. 1155 SOUTH DALE MABRY HWY SUTE 19			nt Registered Agent	4	4 pm.		10. Name and Address of New	Register	ed Agent	
1155 SOUTH DALE MABRY HWY SUTE 19 TAMPA FL 33629 13. Port of agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE To CFLICTES AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICEHS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICEHS AND DIRECTORS IN 12 14. IN THE CHANGES IN THE CHANGES TO OFFICEHS AND DIRECTORS IN 12 15. SUBJECT ADDRESS 15. SALE MABRY HWY. 15. SIBELT ADDRESS 15. SALE MABRY HWY. 15. SIBELT ADDRESS 15. SALE MABRY HWY. 15. SIBELT ADDRESS 16. ST. 2P 17. MAR. 18. ADDITIONS/CHANGES TO OFFICEHS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICEHS AND DIRECTORS IN 12 19. MAR. 19. SIBELT ADDRESS 15. SALE MABRY HWY. 15. SIBELT ADDRESS 16. ST. 2P 17. MAR. 18. ADDITIONS/CHANGES TO OFFICEHS AND DIRECTORS IN 12 19. MAR. 19. SIBELT ADDRESS 19. ST. 2P 19					81	Name		,,,,,,		
SUITE 19 TAMPA FL 33629 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fioridal Such Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a familiar with, and accept the obligations of Section 607.0505, Floridal Statutes. SIGNATURE SIGNATURE 12. OF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTE DP DENSMORE, ROBERT D. 1175. S. DALE MABRY HWY. 13. SIRRET ADDRESS CTEST-22 TAMPA FL INTE DELETE 14. DELETE 2.1 TIME Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. CTEST-27 TAMPA FL INTE DELETE 2.2 TIME DELETE 3.3 INTEL DELETE 3.3 INTEL Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL DELETE 3.1 TIME Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL DELETE 3.1 TIME Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO						Street Addr	ess (P.O. Box Number is Not Accept	able)		
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11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes from subove named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I a familiar vists, and accept the obligations of, Section 607,0500. Florida Statutes. SIGNATURE							·			
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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 inclicated 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 eath, 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 Blook 13 if changed, or on an attachment with an address.

6 1 T TLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CHTY - ST - ZIP

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE: 🔑

STREET ADDRESS

STREET ADDRESS

City St. ZiP

TILE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

Addition

CR2E034 (12/95)