FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K91243** **(1)**

1. Corporation Name

OSCAR HILT TATUM, III, D.M.D., P.A.

Principal Place of Business	Mailing Address
% OSCAR HILT TATUM III 2299 NINTH AVENUE NORTH #1-E ST. PETERSBURG FL 33713	% OSCAR HILT TATUM III 2299 NINTH AVENUE NORTH #1-E ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1989**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-2956759** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TATUM, OSCAR HILT III
2299 NINTH AVENUE NORTH
#1-E
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

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 Section(s) 607.0502 and 607.150(8), 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: _____ Date: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12
1 TITLE: D 1 NAME: TATUM, OSCAR HILT III 1 STREET ADDRESS: 2299 NINTH AVENUE NORTH 1 CITY-ST-ZIP: ST PETERSBURG FL	1 TITLE ☐ Change ☐ Addition 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	2 TITLE ☐ Change ☐ Addition 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	3 TITLE ☐ Change ☐ Addition 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	4 TITLE ☐ Change ☐ Addition 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	5 TITLE ☐ Change ☐ Addition 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	6 TITLE ☐ Change ☐ Addition 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP

14. To the best of my knowledge, I certify that the information supplied with this report, 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Oscar Hilt Tatum III DMD PA Oscar Hilt Tatum III DMD 4/28/95 813-321-4484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0309R21 CP