

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L37746**

(9)

1. Corporation Name

MAXWELL W. FLEMING, DDS, P.A.



Principal Place of Business

Mailing Address

**C/O CHARLES S. ISLER III
434 MAGNOLIA AVENUE
PANAMA CITY FL 32401-3127**

**C/O CHARLES S. ISLER III
434 MAGNOLIA AVENUE
PANAMA CITY FL 32401-3127**

3. Date Incorporated or Qualified

12/21/1989

3a. Date of Last Report

06/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2983844

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

**ISLER, CHARLES S. III
434 MAGNOLIA AVENUE
PANAMA CITY FL 32402**

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 officer 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 of the person executing this statement for the corporation

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
FLEMING, MAXWELL W.
130 2ND STREET
WEWAHITCHKA FL**

☐ DELETE

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☐ DELETE

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP
2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP
4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP
6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

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:

Maxwell W. Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

(904) 639-5422
Daytime Phone #

CR2E034 (12/95)