

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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90152 042 \*\*\*150.00

DOCUMENT # L37746

1. Corporation Name

MAXWELL W. FLEMING, DDS, P.A.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1989

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 130 2nd Street

Suite, Apt. #, etc.

22 P.O. Box 70

City & State

23 New Ah-Tchka, FL

Zip Country

24 32465 25 USA

2a. Mailing Address

26 130 2nd Street

Suite, Apt. #, etc.

27 P.O. Box 70

City & State

28 New Ah-Tchka, FL

Zip Country

29 32465 30 USA

9. Name and Address of Current Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FLEMING, MAXWELL W.  
PO BOX 70  
WEWAHITCHKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Maxwell W. Fleming, DDS, P.A. 4-8-99 (850)639-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)