


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0015

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90041 027 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000009341

1. Corporation Name
ROBERT L. PENTECOST D.D.S., P.A.



Principal Place of Business: 2233 PARK AVE SUITE 401 ORANGE PARK FL 32073 US

Mailing Address: G/O DAVID A-KING ATTORNEY- 1416 KINGSLEY AVENUE- ORANGE PARK FL 32073--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1993

4. FEI Number: 59-3171814 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 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 2186 Glencoe Avenue Suite, Apt #, etc.: 27 City & State: 28 Orange Park, FL Zip: 29 32073 Country: 30 USA

9. Name and Address of Current Registered Agent: ~~-KING, DAVID A. ATTORNEY-AT-LAW- 1416 KINGSLEY AVENUE- ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent: 81 Name: Robert L. Pentecost 82 Street Address (P.O. Box Number is Not Acceptable): 2186 Glencoe Avenue 83 84 City: Orange Park, FL 85 Zip Code: 32073

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 X *Robert L. Pentecost* DATE: 12 March 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	<input type="checkbox"/> DELETE	1:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PENTECOST, ROBERT L	1:2 NAME	
STREET ADDRESS	2186 GLENCOE DRIVE	1:3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	1:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2:2 NAME	
STREET ADDRESS		2:3 STREET ADDRESS	
CITY-ST-ZIP		2:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3:2 NAME	
STREET ADDRESS		3:3 STREET ADDRESS	
CITY-ST-ZIP		3:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4:2 NAME	
STREET ADDRESS		4:3 STREET ADDRESS	
CITY-ST-ZIP		4:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5:2 NAME	
STREET ADDRESS		5:3 STREET ADDRESS	
CITY-ST-ZIP		5:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6:2 NAME	
STREET ADDRESS		6:3 STREET ADDRESS	
CITY-ST-ZIP		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: X *Robert L. Pentecost* DATE: 12 March 99 DAYTIME PHONE #: (904) 276 3146

CR2E034 (11/98)