

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
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90091 007 ***150.00

DOCUMENT # P930000049834

1. Corporation Name
DENTAL FILLINS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
715 BUCHANAN AVENUE
LEHIGH ACRES FL 33936

Mailing Address
715 BUCHANAN AVENUE
LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified

07/09/1993

4. FEI Number

65-0425535

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

21 621 HENRY AVE

Suite, Apt. #, etc.

22

23 LEHIGH ACRES, FL

24 33936 25 USA

2a. Mailing Address

26 621 HENRY AVE

Suite, Apt. #, etc.

27

28 LEHIGH ACRES, FL

29 33936 30 USA

9. Name and Address of Current Registered Agent

BERESFORD, JOSEPH
715 BUCHANAN DRIVE
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name BERESFORD, JOSEPH

82 Street Address (P.O. Box Number is Not Acceptable)

621 HENRY AVE.

83

84 City LEHIGH ACRES FL 85 Zip Code 33936

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

TITLE D ☐ DELETE

NAME BERESFORD, JOSEPH
STREET ADDRESS 715 BUCHANAN AVENUE
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE D ☐ DELETE

NAME BERESFORD, CATHARINA
STREET ADDRESS 715 BUCHANAN AVENUE
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BERESFORD, JOSEPH ☒ Change ☐ Addition

1.2 NAME 621 HENRY AVE.

1.3 STREET ADDRESS LEHIGH ACRES, FL 33936

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE BERESFORD, CATHARINA

2.2 NAME 621 HENRY AVE.

2.3 STREET ADDRESS LEHIGH ACRES, FL 33936

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 941-368-2555

Date

Daytime Phone #

CR2E034 (1/1/98)