

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000070429 (4)

1. Corporation Name

H.S. POWERS, JR., DDS, P.A.

Principal Place of Business

1751 E SILVER SPRINGS BLVD.
OCALA FL 34470

Mailing Address

1751 E SILVER SPRINGS BLVD.
OCALA FL 34470



3. Date Incorporated or Qualified
10/11/1993

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 1631 S.E. 17th St

26 1631 S.E. 17th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ocala, FL

28 Ocala, FL

24 Zip 34471-4605

Country

25 MARION

Zip

29 34471-4605

Country

30 MARION

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

POWERS, H.S., JR.
1751 EAST SILVER SPRINGS BLVD.
OCALA FL 34470

81 Name H.S. POWERS JR

82 Street Address (P.O. Box Number is Not Acceptable)
1631 S.E. 17th St

83

84 City Ocala

FL

85 Zip Code 34471-4605

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

H.S. Powers, Jr.

H.S. POWERS, JR

15 APR 96

Signature of person appointed as registered agent and their appointment

Signature of Registered Agent (signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME POWERS, HENRY S JR
STREET ADDRESS 1751 E SILVER SPRINGS BLVD.
CITY - ST - ZIP Ocala FL 34470 ☐ DELETE

1.1 TITLE D
1.2 NAME POWERS, HENRY S, JR
1.3 STREET ADDRESS 1631 S.E. 17th St
1.4 CITY - ST - ZIP Ocala, FL 34471-4605 ☒ Change ☐ Addition

TITLE D
NAME POWERS, BETTY
STREET ADDRESS 1751 E SILVER SPRINGS BLVD.
CITY - ST - ZIP Ocala FL 34470 ☐ DELETE

2.1 TITLE D
2.2 NAME POWERS, BETTY
2.3 STREET ADDRESS 1631 S.E. 17th St
2.4 CITY - ST - ZIP Ocala, FL 34471-4605 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ 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:

H.S. Powers, Jr.

H.S. POWERS, JR

15 APR 96

352-629-2482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Describe Phone #

CR2E034 (12/95)