

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 29 1998 8:00am  
Secretary of State

DOCUMENT # P93000070429 (4)

1. Corporation Name  
H.S. POWERS, JR., DDS, P.A.

Principal Place of Business

1631 S.E. 17TH STREET  
OCALA FL 34421-605  
US

Mailing Address

1631 S.E. 17TH STREET  
OCALA FL 34421-605  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1993

4. FEI Number

59-3206461

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 1631 S.E. 17TH STREET

27 Suite, Apt. #, etc.

28 Ocala, FL

29 Zip Country

30 34471-4605

9. Name and Address of Current Registered Agent

POWERS, H S JR  
1631 S.E. 17TH STREET  
OCALA FL 34421-605

10. Name and Address of New Registered Agent

81 Name POWERS, H.S., JR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1631 SE 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

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  
NAME POWERS, HENRY S JR  
STREET ADDRESS 1631 S.E. 17TH STREET  
CITY-ST-ZIP Ocala FL 34421-605

TITLE D  
NAME POWERS, BETTY  
STREET ADDRESS 1631 S.E. 17TH STREET  
CITY-ST-ZIP Ocala FL 34421-605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1631 SE 17TH ST  
1.4 CITY-ST-ZIP Ocala, FL 34471-4605

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1631 S.E. 17TH ST  
2.4 CITY-ST-ZIP Ocala, FL 34471-4605

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

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

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

6.1 TITLE  
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.

SIGNATURE: [Signature] H.S. POWERS, JR. 10/11/1993 59-3206461

CR2E034 (5/98)

**H. S. Powers, Jr., D.D.S. PA  
1631 S. E. 17th Street  
Ocala, Florida 34471-4605**

**Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida, 32314**

**Enclosed is the Profit Corporation Annual Report for 1998. It is late because we never received the first notice. Perhaps this is because the zip code your office showed on the form was in error, although the address on the outside of the second notice was correct. The corrected zip code is entered on the form.**

**I called your office, discussed this, and was directed to return the form with the regular fee of \$150 since we never received the first notice.**

**Henry S. Powers, Jr.**