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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

May 15 1998 8:00am

Secretary of State

A CURLINAL DER ERIER ALLE REITE REITE BRITT BADIT ARTER ARTER ALBERT ARTER ARTER BEITE AREA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000084785 (3)

ANTHONY J. FRANKLIN, D.M.D., P.A.

,						
Principal Plac	e of Business	Mailing Address			T INDIVIÈRI NIO INICO NINI DONN BONI BONI BONI BONI IN	ALE MANTE CONNEL PRINC DELL LONG
6344 103RD STREET 6344 103RD STREET JACKSONVILLE FL 32210 JACKSONVILLE FL 32210			0		DO NOT WRITE IN THIS	SPACE
					3, Date Incorporated or Qualified 12/06/1993	
	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21 26					59-3218968	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Countr	у	8. This corporation owes or has paid the cu	irrent veer Intangible
24	25	29	30		Personal Property Tax due June 30.	Ves □ No
g Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
FRANKLIN, ANTHONY J				Name		
6344 103RD STREET JACKSONVILLE FL 32210			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
			83	3		•
			84	City		85 Zip Code
	_		"	City	FL:	85 Zip Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florida. Such change was	authorized b	y the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap-	of changing its registered pointment as registered
SIGNATURE	·				·	
	Significine, typod or printed name of registered a	· · · · · · · · · · · · · · · · · · ·	lt : Registered Ap	ent signature requi	ired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	Franklin, anthony J	רו הנינוג	1.1 TITLE			Change Addition
NAME GEORGE ADDRESS	6344 103RD STREET		1.2 NAME			
STREET ADDRESS	JACKSONVILLE FL			T ADDRESS		
CITY-ST-ZIP	DVPM	DELETE	1,4 CITY-ST-ZIP 2.1 TITLE			Change Addition
NAME	FRANKLIN, DEIDRA O	E SECTIO	2.2 NAME			
STREET ADDRESS	6344 103RD STREET			T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY		•	
TITLE		DELETE	3.1 TITLE	-31-211	:	Change Addition
NAME			3.2 NAME		•	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. C(TY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS	ADDRESS 435		4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 C(TY-	ST-ZIP	<u> </u>	
TITLE		DELETE	5.1 THTLE	f		☐ Change ☐ Addition
NAME	5.2		5.2 NAME			
STREET ADDRESS	ET ADDRESS 5.3		5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY -	ST-ZIP		· -
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		•

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 an attachment of the corporation of the corporation of 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 an attachment of the corporation of the corporation

6.4 CITY - ST - ZIP