

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P93000084915 (6)**

1. Corporation Name

JAMES E. MCILWAIN, D.D.S., M.S.D., P.A.

Principal Place of Business:

Mailing Address:

**4710 NORTH HABANA AVE.
SUITE 203
TAMPA FL 33614-7146**

**4710 NORTH HABANA AVE.
SUITE 203
TAMPA FL 33614-7146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1993

4. FEI Number

59-3218792

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:

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State:

27 City & State:

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**MCILWAIN, JAMES E
4710 NORTH HABANA AVE.
SUITE 203
TAMPA FL 33614-7146**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.07(12) and 607.15(6), 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 607.05(5), Florida Statutes.

SIGNATURE

(Note: Appointee must be a resident of the State of Florida.)

(Note: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE
D
MCILWAIN, JAMES E
4710 N. HABANA AVE., SUITE 203
TAMPA FL 33614-7146

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
TITLE
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NAME
STREET ADDRESS
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 of this filing or on an affidavit with an address.

SIGNATURE:

James E. McIlwain

JAMES E MCILWAIN

2/10/98

813-879-8097

CR2E034 (10/97)