FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR -7 AM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050474 (3)

1. Corporate Name
HOWARD HESS DENTAL LABORATORY, INC.

Principal Place of Business: 13625 50TH WAY, N., A & B, CLEARWATER FL 34620

Mailing Address: 13625 50TH WAY, N., A & B, CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:

2. Principal Place of Business (21–25): Suite, Apt. # etc. / City & State / Zip / Country
2a. Mailing Address (26–30): Suite, Apt. # etc. / City & State / Zip / Country

4. FEI Number: 59-3259133 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHMIDT, L. PAUL
2047 GRAND BLVD.
HOLIDAY FL 34690

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 607.0502 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE / NAME	LINDA LEVAC VICE PRESIDENT/SEC
STREET ADDRESS	2909 GULF TO BAY BLVD 7201
CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE / NAME	HOWARD HESS - PRESIDENT
STREET ADDRESS	2909 GULF TO BAY
CITY-ST-ZIP	CLEARWATER, FL 34619
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 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / 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)(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: Linda K. LeVac Linda K. LeVac 4/3/95 813-573-2316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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