

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90048 014 ***150.00

DOCUMENT # P95000028157

1. Corporation Name

JOHN B. BARNETT, D.D.S., P.A.

Principal Place of Business
10820 SEMINOLE BLVD.
SEMINOLE FL 34648

Mailing Address
10820 SEMINOLE BLVD.
SEMINOLE FL 34648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1995

4. FEI Number

65-0570827

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33778

33778

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE
NAME BARNETT, JOHN B D.D.S.
STREET ADDRESS 12 CLEARWATER MALL
CITY-ST-ZIP CLEARWATER FL 33764

1.1 TITLE PST ☒ Change ☐ Addition
1.2 NAME BARNETT, JOHN B D.D.S.
1.3 STREET ADDRESS 1926 Coffee Pot Blvd. NE
1.4 CITY-ST-ZIP St. Petersburg, FL 33704

TITLE D ☐ DELETE
NAME PUGLIANO, JOSEPH M
STREET ADDRESS 11910 ROSETREE PLACE SOUTH
CITY-ST-ZIP SEMINOLE FL 34642

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME PUGLIANO, JOSEPH M.
2.3 STREET ADDRESS 1926 Coffee Pot Blvd. NE
2.4 CITY-ST-ZIP St. Petersburg, FL 33704

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. BARNETT, DDS

Date

Daytime Phone #

2/15/99 (727) 393-9334

CR2E034 (11/98)

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