

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000037075 (5)

1. Corporation Name

SKINNER D.D.S., INC.



Principal Place of Business

13634 CARIBBEAN BLVD.
FORT MYERS FL 33905

Mailing Address

13634 CARIBBEAN BLVD.
FORT MYERS FL 33905

3. Date Incorporated or Qualified
05/08/1995

3a. Date of Last Report

NEW CORP.

2. Principal Place of Business

2a. Mailing Address

21 5482 GOVERNORS DR

26 5482 GOVERNORS DR

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

605-0588154

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

23 City & State

FT MYERS FL

28 City & State

FT MYERS FL

24 Zip

33907

25 Country

LEE

29 Zip

33907

30 Country

LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKINNER, VICTOR A
13634 CARIBBEAN BLVD.
FORT MYERS FL 33905

81 Name

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

5482 GOVERNORS DR

83

84 City

FT MYERS

FL

85 Zip Code

33907

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

Sign line, 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 ☒ DELETE
NAME SKINNER, VICTOR A
STREET ADDRESS 13634 CARIBBEAN BLVD.
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☒ DELETE
NAME SKINNER, HYE SUK
STREET ADDRESS 13634 CARIBBEAN BLVD.
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5482 GOVERNORS DR
1.4 CITY-ST-ZIP FORT MYERS FL 33907

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 5482 GOVERNORS DR
2.3 STREET ADDRESS FT MYERS FL
2.4 CITY-ST-ZIP 33907

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VA SKINNER

04/22/96

941-675-3270

Date

Daytime Phone #

CR2E034 (12/95)