

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000088377 (3)**
1. Corporation Name

STAN AND JARKA SKIBA DENTAL LABORATORY, INC.



Principal Place of Business: **1138 WEST 26TH STREET LYNN HAVEN FL**
Mailing Address: **1138 WEST 26TH STREET LYNN HAVEN FL**

3. Date Incorporated or Qualified: **11/16/1995** 3a. Date of Last Report
4. FEI Number: **59-336-0028** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt #, etc 26. Suite, Apt #, etc
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**GERLECZ, JOSEPH M
229 MCKENZIE AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent
81. Name: **SKIBA, STANISLAW**
82. Street Address (P.O. Box Number is Not Acceptable): **1138 WEST 26TH STREET**
83. City: **LYNN HAVEN** FL 85. Zip Code: **32444**

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: *Stanislaw Skiba* **STANISLAW SKIBA** DATE: **JUNE 24/96**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1. PD GERLECZ, JOSEPH M 1138 WEST 26TH STREET LYNN HAVEN FL DELETE
2. STD GERLECZ, ELLEN 1138 WEST 26TH STREET LYNN HAVEN FL DELETE
3. DELETE
4. DELETE
5. DELETE
6. DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE PD
12. NAME SKIBA, STANISLAW Change Addition
13. STREET ADDRESS 1138 WEST 26TH STREET
14. CITY-ST-ZIP LYNN HAVEN FL 32444
21. TITLE STD Change Addition
22. NAME SKIBA, JAROSLAVA
23. STREET ADDRESS 1138 WEST 26TH STREET
24. CITY-ST-ZIP LYNN HAVEN FL 32444
31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP
61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Stanislaw Skiba* **STANISLAW SKIBA** DATE: **JUNE 24/96** TELEPHONE: **904-271-1422**

CR2E034 (3/96)