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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014534 (7)

CHILDS & CHILDS, P.A. Principal Place of Business Mailing Address 1400 GULF SHORE BLVD N 1400 GULF SHORE BLVCD N **SUITE 112** SUITE 112 NAPLES FL 34102 DO NOT WRITE IN THIS SPACE NAPLES FL 34102 3. Date Incorporated or Qualified 02/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0645545 Not Applicable 21 26 Suite, Apt. #, etc. 127 Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 127 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Country Zip Zip Country This corporation owes or has paid the current year Intangible ☐ Yes □Ño 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHILDS, BRIAN DDS 1040 SPANISH MOSS TRAIL Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34108 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE CHILDS, BRIAN G DDS 1.2 NAME NAME ZIP code 1040 SPANISH MOSS TRAIL STREET ADDRESS 1.3 STREET ADDRESS 34108 NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ___ Change Addition TITLE CHILDS, JANET S **2.2 NAME** NAME ZIP code 1040 SPANISH MOSS TRAIL 2.3 STREET ADDRESS STREET ADDRESS 34108 NAPLES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE

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. Janet Childs

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

Jane Schill De

1-23-98

941-2628200

FILED

Jan 29 1998 8:00am

Secretary of State