

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

97 JUL 29 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000046704 (8)

1. Corporation Name  
WILLIAMSON AND ZANER, P.A.

Principal Place of Business

2825 S.E. 17TH STREET  
OCALA FL 34471

Mailing Address

2825 S.E. 17TH STREET  
OCALA FL 34471-5516

3. Date Incorporated or Qualified 05/31/1996  
3a. Date of last Report

4. FEI Number 59-3380334  
Applied For Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 Additional Fee

8. This corporation has liability for intangible tax under Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

SALLEY, STEPHEN G  
390 N. ORANGE AVENUE #2500  
ORLANDO FL 32801

81. Name

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

83. City

84. State

FL

85. Zip

10. Name and Address of New Registered Agent

Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.

LIC NATURE

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

(NOTE: Registered Agent signature is required when retaining)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

CURS IN 12

1. NAME WILLIAMSON, CAROL E D.M.D.  
2. STREET ADDRESS 2825 S.E. 17TH STREET  
3. CITY-ST-ZIP Ocala FL 34471

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

100002257681-02  
-08/05/97-01017-014  
\*\*\*165.00 \*\*\*165.00

1. NAME ZANER, DAVID J D.M.D.  
2. STREET ADDRESS 2825 S.E. 17TH STREET  
3. CITY-ST-ZIP Ocala FL 34471

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

1. NAME  
2. STREET ADDRESS  
3. CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

1. NAME  
2. STREET ADDRESS  
3. CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

1. NAME  
2. STREET ADDRESS  
3. CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

1. NAME  
2. STREET ADDRESS  
3. CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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; the 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

Carol E. Williamson, President

PD

②

CAROL E. WILLIAMSON, D.M.D.  
DAVID J. ZANER, D.M.D.  
LIMITED TO PERIODONTICS

July 23, 1997

Division of Corporations  
Annual Reports Section  
P O BOX 1500  
Tallahassee, Fl. 32302-1500

Dear Sir or Madame:

I recently received a second notice for filing of the profit corporation annual report. This report was filed on 2/25/97 and was accompanied by a check in the amount \$165. Enclosed is a copy of our check register which shows that the check was written on 2/25/97 and that the check number was 3569. You will also find a letter of filing instructions from the CPA who prepared the return.

I can only assume that the report was lost by the postal service. Unfortunately, the secretary who balanced my checkbook failed to research why the check for \$165 continued to be outstanding, so I was unaware that the report was not received.

I request that you waive the additional fees for late filing under the circumstances. I am enclosing a second check for \$165. I ask that you notify this office by mail at the address listed on the form or by phone at (352) 694-7500, so that we will know that the report has been received and that you are in agreement with waiving the late charges.

Thank you in advance for your cooperation.

Sincerely,

*Carol E. Williamson*

Carol E. Williamson, D.M.D.

CEWcb