**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000 1. Corporation Name GARY E. SWANSON, D.D.S., P.A.	0098699			
Principal Place of Business	Mailing Address			i.
3722 CENTRAL AVENUE FORT MYERS FL 33901	3722 CENTRAL AVENU FORT MYERS FL 3390	JE )1		
	,			3. Date Incorp. 01/01/19
- Divisions	2a. Mailing Address			4. FEI Number
2. Principal Place of Business	26			65-07125
Suite, Apt. #, etc.	Suite, Apt. #, etc			5. Certifcate o
22	City & State			6. Election Ca
City & State	28			Trust Fund
Zio Country	Zip	Coun	try	8. This corpor
⊢, <sup>∠</sup> "	29	30		Personal P
9. Name and Address of Curr				10. Name and
9. Name and Address 9.			81	Name
SWANSON, GARY E		·	82	Street Address (P.O. Box Nur
FORT MYERS FL 33901		Ţ	83	
		. ,	84	City
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob	0502 and 607 1508, Florida ate of Florida. Such change ligations of, Section 607 050	Statutes, the at was authorized 05, Florida Statu	by tes	-named corporation submits the the corporation's board of direc

**FILED** Feb 01, 1999 8:00am **Secretary of State** 

02-01-1999 90002 010 \*\*\*150.00



incipal Place o	f Business	Mailing Address			· ·		
2 CENTRAL AVENUE 3722 CENTRAL AVENUE FORT MYERS FL 33901				DO NOT WRITE IN TH	S SPACE	-	
					3. Date Incorporated or Qualifed 01/01/1997	· * \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	* 14.5 * 7.4 * 7.4
		2a. Mailing Address			4. FEI Number	<del></del>	lied For
Principal Plac	ce of Business	26			65-0712509		Applicable
		Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
Suite, Apt. #,	, etc	27					
City & State		City & State	•		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
		Zip	Coun	try	8. This corporation owes the current year	Intangible	<u></u>
Zip	Country	29 30	] •	•	Personal Property Tax.	LYYes	□No
<u> </u>	9. Name and Address of Current	\Z3\	<u> </u>		10. Name and Address of New Registers	d Agent	
	9. Name and Address of Current			81 Name			
ANNO	ISON, GARY E	Man 1 step san 1 s s s s s s s s s s s s s s s s s s	ŀ	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
30 3722	CENTRAL AVENUE		1	62 Street Addi	THE P. L. PR. LEWIS CO., LANSING MICHIGAN PROPERTY.		18 7 167 168
EODT	MYERS FL 33901		Ì	83			
10111	MI LIIO I L GOOD			24 04	11 18 18 18 18 18 18 18 18 18 18 18 18 1	85 Zip	Code
				84 City	<b>_}</b>	L	
- z <del>galangan</del>	607.050	2 and 607 1508 Florida Statutes.	the at	ove-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	gistered
11. Pursuant t	o the provisions of Sections 607.050.	of Florida. Such change was auth	orized	by the corporation	on's board of directors. Thereby accept the op-		F 61 1
agent. I an	egistered agent, or both, in the State in familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statt	ites.		234	***
SIGNATURE		1 and little if applicable (NOTE: Re	gistered	Agent signature require	DATE	AND DIDECT	DE IN 12
	Signature, typed or printed name of registered ager	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
12.		[] DELETE	1.1 TD	n.e.	<b>到了特殊</b>	Change	
mrle ·	D CARY CARY E	: *	1.2 N/	WE			· \
NAME	SWANSON, GARY E		1.3 \$1	REET ADDRESS			
STREET ADDRESS	3722 CENTRAL AVENUE		1.4 CI	TY-ST-ZIP		F7.05	Addition
CITY-ST-ZIP	FORT MYERS FL 33901	☐ DELETE	2.1 TI			Change	Addition 1
TTLE		. ", —	2.2 N	AME .	·	• .	·
NAME			2.3 \$	TREET ADDRESS			
STREET ADDRESS		متريع طوائق المسائدة		CITY-ST-ZIP			A defition
CITY-ST-ZIP	10.5 N (0.5 G x 0.5 x 0.	DELETE	_	TLE .		Change	Addition
TITLE Sign	paratri delle delle		3.2 N	AME .	•		-
NAME CONTROL			1	TREET ADDRESS	1966 网络阿伯斯进士的	million and	<b>直開門開閉</b>
STREET ADDRESS	1984 68 B. 1898	•	34.0	CITY-ST-ZIP		310 M. M. V.	Maddition
CITY-ST-ZIP		☐ DELETE	_	TILE	· · · · · · · · · · · · · · · · · · ·	स्ति≟ ते [ ☐ Chänge	F. F. Mudmon
TITLE			4.2	NAME			ļ
NAME				STREET ADDRESS	•		.
STREET ADDRESS		2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CITY-ST-ZIP			Addition
CITY-ST-ZIP	<b>1</b>	☐ DELETE	_	TITLE		☐ Chang	e ☐ Addition
TITLE				NAME	100 mg (100 mg)		<b>\</b>
NAME			5.3	STREET ADDRESS			
STREET ADDRESS	S			CITY-ST-ZIP			E a alabata
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE		TITLE		Chang	e 🗌 Addition
TITLE	3782 06050AC 503447 c	- ۲	6.2	NAME			)
NAME	FORE STEEL PLONGS	•		STREET ADDRESS		•	
STREET ADDRESS	AT 不見得しない 概括 こと へん タック			CITY_ST_7IP			

14. I hereby certify that the information supplied with this filing codes 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 supplementar 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 exthe receiver or possesse in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 and attackment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR