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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000079110 (7)

CARL D. GLIDDEN, D.O., P.A.

Principal Place of Business Mailing Address 1759 OSPREY COVE 1759 OSPREY COVE NICEVILLE FL 32578 NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 26 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Žφ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GLIDDEN, CARL D 1759 OSPREY COVE Street Address (P.O. Box Number is Not Acceptable) **NICEVILLE FL 32578** 83 Zip Code 85 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. 1 am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition GLIDDEN, CARL D NAME 1.2 NAME 1759 OSPREY COVE STREET ADDRESS 1.3 STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP ☐ Addition 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 Change 5.1 TITLE Addition

14. Thereby 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 occiver or trustoe 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 an agreement with an address.

5.2 NAME

61 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS

**63 STREET ADDRESS** 64 CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 27 1998 8:00am

Secretary of State

Change

\_\_\_ Addition