

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000031823**

Corporation Name

**BLACKWELL DENTAL LAB, INC.**

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**

09-13-1999 90002 002 \*\*\*550.00

0109139

Principal Place of Business

**9 S.W. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34953**

Mailing Address

**489 S.W. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/06/1998**

Principal Place of Business

**6791 S. U.S. #1**  
Suite, Apt. #, etc.

2a. Mailing Address

**6791 S. U.S. #1**  
Suite, Apt. #, etc.

4. FEI Number

**65-0862808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

**Port St. Lucie, FL**

Zip **34952** Country **U.S.A.**

City & State

**Port St. Lucie, FL**

Zip **34952** Country **U.S.A.**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BLACKWELL, BRIAN L  
206 TUMBLIN KLING ROAD  
FORT PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

ST ADDRESS

ST-ZIP

☐ DELETE

ST ADDRESS

ST-ZIP

☐ DELETE

ST ADDRESS

ST-ZIP

☐ DELETE

T ADDRESS

T-ZIP

☐ DELETE

T ADDRESS

T-ZIP

☐ DELETE

T ADDRESS

T-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**President**

☐ Change ☒ Addition

1.2 NAME

**Brian L. Blackwell**

1.3 STREET ADDRESS

**206 Tumblyn Kling Rd.  
Fort Pierce, FL 34982**

1.4 CITY-ST-ZIP

2.1 TITLE

**Vice President**

☐ Change ☒ Addition

2.2 NAME

**Marion F. Blackwell**

2.3 STREET ADDRESS

**206 Tumblyn Kling Rd.  
Fort Pierce, FL 34982**

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E034 (5/99)