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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # \$15309** 

(5)

CHARLES H. DAVIS, D.D.S.,	P.A.
Principal Place of Business	Mailing Address

**FILED** Mar 06 1997 8:00am Secretary of State



145 E MIAMI AVE VENICE FL 34285		145 E MIAMI AVE VENICE FL 34285-2407						
					3. Date Incorporated or Qualified 11/27/1990	3a. Date of Last 04/29/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-3038968	} <del></del>	Not Applicable	
Suite, Apt	#, etc.	Suite Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	<b>□</b> \$8.75	5 Additional Required	
City & State	0	City & State	······································		6. Election Campaign Financing Trust Fund Contribution		0 May Be	
Zιρ	Country	Z <sub>1</sub> p	Count	rv				
24	25	29	30	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
						10. Name and Address of New Registered Agent		
DΔV	IS, CHARLES H.		8	1 Name				
145	E MIAMI AVE		8	2 Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
VEN	ICE FL 34285		8	3	· · · · · · · · · · · · · · · · · · ·			
				4 62.		A=   7	in Code	
			ľ	4 City		FL  85   Zi	ip Code	
office or re	egistered agent, or both in the	7.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	authorized	by the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing It the appointment	its registered as registered	
SIGNATURE	Sugranties: type difor plinted name of register	ud agert and tille if applicable. (NC	TE Registered A	gent signature req	juried when reinstating)	DATE		
12.	OFFICER:	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12	
TILLE	D	☐ DELETE	1.1 TITL			☐ Chang	e Addition	
NAME	DAVIS, CHARLES H.		1.2 NAM	E				
STREET ADDRESS	145 E MIAMI AVE		1.3 STRE	ET ADDRESS			Į.	
CITY-\$1-2iP	VENICE FL		1.4 CITY	-S1-ZIP			'	
TOTALE		☐ DELÉTE	2.1 TITU			☐ Chang	e 🗀 Addition 📙	
NAME			2 2 NAM	E				
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY - ST - ZIP				-ST-ZIP				
THTLE		☐ DELETE	3 1 TITU			☐ Chang	je 🛄 Addition	
NAME			3.2 NAM	E				
STREET ADDRESS				ET ADDRESS				
CHTY-ST-ZIP		DELETE		-ST-ZIP		T Chan	Addition	
TITLE		□ DELETE	4.1 TITU			Chang	e Addition	
NAME			4. 2 NAM				1	
STREET ADORESS				ET ADDRESS			-	
CITY-ST ZIP		DELETE		- ST- ZIP	<del> </del>	T Chann	Addition	
TITLE		L_J DELETE	5.1 T(TL			Chang	e L Addition	
NAME			5.2 NAV					
\$IREET ADDRESS				EET ADDRESS				
CDY-ST-ZF		DELETE		-ST-ZiP		☐ Chang	e Addition	
1111.6		E' DITTELL	6.1 TITL			CT CHAIR	. L. NUUHUH	
NAME and a transfer			6.2 NAM					
STREET ADORESS				ET ADDRESS				
CITY-S1-ZIP			6.4 CITY	-ST-ZIP		1. f. () () f. ()		

14. I do 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 and cated 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 an attachment with an address.

SIGNATURE: