

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Merram
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S32837** (4)
1. Corporation Name
IMPLANT CORPORATION OF AMERICA

Principal Office Address: **2299 NINTH AVE N STE 1-E ST PETERSBURG FL 33713**
Mailing Address: **2299 NINTH AVE N STE 1-E ST PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **2299 NINTH AVE N STE 1-E ST PETERSBURG FL 33713**
2a. Mailing Address: **2299 NINTH AVE N STE 1-E ST PETERSBURG FL 33713**
21. Suite Apt # etc.:
22. City & State:
23. Country:
24. Country:

3. Date Incorporated or Qualified: **02/18/1991**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-3135186**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**O. HILT TATUM, III
2299 9TH AVENUE, NORTH, #1E
ST. PETERSBURG FL 33713**

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:

11. Pursuant to the provisions of Sections 607.0505 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: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|--|---|
| 101 TITLE NAME STREET ADDRESS CITY, ST, ZIP | PTD TATUM, O. HILT III 2299 NINTH AVE N #1-E ST PETERSBURG FL | 11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 102 TITLE NAME STREET ADDRESS CITY, ST, ZIP | S WOODS, NORMA 2299 NINTH AVE N #1-E ST PETERSBURG FL | 15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 103 TITLE NAME STREET ADDRESS CITY, ST, ZIP | | 19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 104 TITLE NAME STREET ADDRESS CITY, ST, ZIP | | 23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 105 TITLE NAME STREET ADDRESS CITY, ST, ZIP | | 27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is truthfully prepared and filed and qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information reported on the 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. I am an officer or director of the corporation or the treasurer or transfer agent assigned to issue this report as required by Chapter 607, Florida Statutes, and that my name appears in the R-1, or R-1A, filed in connection with an attachment with an address.

SIGNATURE: *Norma Woods* NORMA WOODS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (813) 321-4484