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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # S70953

PARKER CROWN & BRIDGE DENTAL LABORATORY, INC.

Principal Place 4014 SANDPIPI PALM HARBOR	e of Business ER COURT	Mailing Address  4014 SANDPIPER COURT PALM HARBOR FL 34684-3532						
					3. Date Incorporated or Qualified		of Last R	Seport
2. Principal P	ace of Business	2a. Mailing Address			07/31/1991 4. FEI Number	<u> </u>	9/1996 AF	oplied For
21		26			59-3077992		<del></del>	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	)	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Ζιρ [[]]	Country	Zip	Count	lry	8. This corporation has liability for	or intangible ta	ax under s No	. 199.032,
24	25] 9. Name and Address of Curre	29 Annt Registered Agent	30	· · · · · · · · · · · · · · · · · · ·	Florida Statutes  10. Name and Address of New F			
LA/A P	RTH, JAMES R JR.			11 Name	THE PERSON NAMED IN COLUMN 1			
	N. WASHINGTON AVE.		_	6 6 11	(0.6			·
	ARWATER FL 34615-1862		l e	Street Add	dress (P.O. Box Number is Not Accept	(able)		
011	THE CHOIC FOR		6	13				
				4 City			ar Zin (	Code
			ľ	City		FL	85 Zip (	Code
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida, Such change was	s authorized Florida Statul	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	cept the appoi	intment as	registered
SIGNATURE		_				DATE	``	
SIGNATURE	Signature typing or printed name of registered ag	gent and title if applicable. (No			when reinstating)	DATE FICERS AND !	DIRECTOR	RS IN 12
SIGNATURE	Signature typing or printed name of registered ag	_	OTE: Registered A	Agent signature requ		FICERS AND	DIRECTOR	RS IN 12
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information indicated on this annual report or supplied with this ming goes 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 the pay 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 is point 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:

813 · 286 -1207

**FILED** 

May 08 1997 8:00am

Secretary of State