

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S80585** (0)

1. Corporation Name
MID FLORIDA DENTAL LAB, INC.



Principal Place of Business: **205 S.E. 7TH STREET Ocala FL 32671-4249**
Mailing Address: **205 S.E. 7TH STREET Ocala FL 32671-4249**

3. Date Incorporated or Qualified: **09/16/1991**
3a. Date of Last Report: **07/17/1995**

2. Principal Place of Business: **21 205 S.E. 7th Street**
2a. Mailing Address: **26 205 S.E. 7th St.**

4. FEI Number: **59-3087232**
Applied For: Not Applicable

Suite, Apt. #, etc. (Blank)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 Ocala, FL**
City & State: **28 Ocala, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 34471** Country: (Blank)
Zip: **29 34471** Country: (Blank)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
VITTO, JOHN
205 S.E. 7TH STREET
OCALA FL 32670

10. Name and Address of New Registered Agent
81 Name: **Vitto, John**
82 Street Address (P.O. Box Number is Not Acceptable): **205 S.E. 7th Street**
83 (Blank)
84 City: **Ocala** FL 85 Zip Code: **34471**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *John Vitto* **John Vitto** DATE: **2-16-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VITTO, JOHN	1.2 NAME	
STREET ADDRESS	4253 S.E. 23RD CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	34471
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDSALL, RONALD	2.2 NAME	
STREET ADDRESS	3252 N.E. 30TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	34471
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, for or an attachment with an address.

SIGNATURE: *John Vitto* **John Vitto** DATE: **4/23/96** Daytime Phone #: **622-1691**

CR2E034 (12/95)