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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 SE 7TH ST
OCALA FL 34471
US

Mailing Address

205 SE 7TH ST
OCALA FL 34471-4249
US



3. Date Incorporated or Qualified
09/16/1991

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 205 SE 7th St.
Suite, Apt. #, etc.

2a. Mailing Address

26 205 SE 7th St.
Suite, Apt. #, etc.

4. FEI Number

59-3087232

Applied For

Not Applicable

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

City & State

23 Ocala FL

City & State

28 Ocala FL

Zip

24 34471

Country

25 USA

Zip

29 34471

Country

30 USA

9. Name and Address of Current Registered Agent

VITTO, JOHN
205 S.E. 7TH STREET
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

Vitto, John

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

205 SE 7th Street

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME VITTO, JOHN
STREET ADDRESS 4253 S.E. 23RD CT.
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

NAME EDSALL, RONALD
STREET ADDRESS 3252 N.E. 30TH CT.
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

[Handwritten Signature]

44-7-97 352/27/91

CR2E034 (9/96)