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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

DIVISION OF CORPORATIONS

## FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90069 007 \*\*\*158.75 Secretary of State

10000	WEN # \$80585	)					
1. Corporation	i Name						
MID FLO	ORIDA DENTAL LAB, INC.				( 18841818 181 1814) BB(B) EHB( (B)E( B))		<b>1811 8:8:</b> 1 ( <b>88</b> )
Principal Place	e of Business	Mailing Address			- 7 1000) 1010 1011 1011 1 100 1 1010 1 1010 1 1010 1 1010 1	1981 DION BIBIT DI	8)   8)       13
205 SE 7TH ST		205 SE 7TH ST					
OCALA FL 3447		OCALA FL 32671-4249					
US		US			DO NOT WRITE IN THIS	SPACE	<del></del> -
					3. Date Incorporated or Qualifed		
					09/16/1991	<del></del>	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26			59-3087232	\$8.75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_5_Certifcate of Status Desired	Fee Re	
City R Stat		City & State		• •	6 Etastian Compaign Financing	\$5.00	
City & State	•	<u></u>			6. Election Campaign Financing Trust Fund Contribution	Added to	, ,
Zip	Country	Zip	Coun	trv	This corporation owes the current year in		
- Z'P	25	·	30	,	Personal Property Tax.	Yes	≧‱ [
	9. Name and Address of Curre				10. Name and Address of New Registered	Agent	
<del></del>				Name			
VITT	O, JOHN		-	0 00 0 0 0	es (D.O. Boy Number in Net Assentable)		
205 S.E. 7TH STREET			ľ	32 Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
OCA	LA FL 34471		r	33			
			ļ			les Zin C	'ada
			1	34 City	F!	85 Zip C	oue
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the ab	ove-named corpo	pration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au ations of Section 607 0505. Flori	thorized da Statu	by the corporation	n's board of directors. I hereby accept the appo	intment as reg	pistered
	11 11/1/15	anona or, oconor occasor i ion	au olulu	<b>.</b>	4-26-	-99	1
SIGNATURE	Signature, typed or printed name of registered age			gent signature required	urban relactating) DATE	<del> </del>	<del></del>
	OFFICERS AND DIRECTORS		zedistelen v	gork organization required			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
<b>12</b> .	D	<u> </u>	<del>-</del>				RS IN 12
	D VITTO, JOHN	ND DIRECTORS	13.	E -		ND DIRECTO	
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14. I 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-26-99

(352) 622-169/