

**FILE NOW: FILING FEE AFTER MAY 1 IS .00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra  
Secretary  
DIVISION OF CORPORATIONS

**DOCUMENT # L39605 (5)**

1. Corporation Name  
**WELCOME BACK, INC.**

Principal Place of Business Mailing Address  
**900 GULF DRIVE NORTH 900 GULF DRIVE NORTH**  
**BRADENTON BEACH FL 34217 BRADENTON BEACH FL 34217**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/02/1990** 3a. Date of Last Report **03/29/1994**  
4. FEI Number **65-0164621** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CHIPAIN, THOMAS G**  
**900 GULF DRIVE**  
**BRADENTON BCH FL 34217**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **PSD**  
NAME **CHIPAIN, THOMAS G.**  
STREET ADDRESS **900 GULF DRIVE, NORTH**  
CITY-ST-ZIP **BRADENTON BCH FL**  
TITLE **VTD**  
NAME **CHIPAIN, SPYRO**  
STREET ADDRESS **900 GULF DRIVE, NORTH**  
CITY-ST-ZIP **BRADENTON BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP  
5. TITLE  Change  Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP  
13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP  
17. TITLE  Change  Addition  
18. NAME  
19. STREET ADDRESS  
20. 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)(b), Florida Statutes. I further certify that the information included 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 recorder or his/her 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95 (813) 778-1919

APPROVED AND FILED  
95 MAY -1 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA