FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:30

DOCUMENT # **N18836** **(9)**

1. Corporation Name

HEAD INJURY SUPPORT, INC.

Principal Place of Business	Mailing Address
28960 U.S. HWY 19 N. SUITE 100 CLEARWATER FL 34621	28960 U.S. HWY 19 N. SUITE 100 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/21/1987**
3a. Date of Last Report: **03/28/1994**
4. FEI Number: **59-2788443** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CLARK, LYNN
538 NEW YORK AVENUE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)		
11 TITLE	DP	91 TITLE	DP	☒ Change ☐ Addition
12 NAME	CLARK, LYNN	92 NAME	Lynn Clark	
13 STREET ADDRESS	538 NEW YORK AVENUE	93 STREET ADDRESS	28960 US 19 No Ste. 100	
14 CITY ST ZIP	DUNEDIN FL	94 CITY ST ZIP	Clwtr, FL 34621	
21 TITLE	DS	101 TITLE		☐ Change ☐ Addition
22 NAME	SPENCER, JANET	102 NAME		
23 STREET ADDRESS	12501 VONN RD	103 STREET ADDRESS		
24 CITY ST ZIP	LARGO FL	104 CITY ST ZIP		
31 TITLE	DVP	111 TITLE		☐ Change ☐ Addition
32 NAME	OILER, RUTH	112 NAME		
33 STREET ADDRESS	106 HUNTER CURT	113 STREET ADDRESS		
34 CITY ST ZIP	PALM HARBOR FL	114 CITY ST ZIP		
41 TITLE	D	121 TITLE		☐ Change ☐ Addition
42 NAME	OILER, SUZAN	122 NAME		
43 STREET ADDRESS	106 HUNTER COURT	123 STREET ADDRESS		
44 CITY ST ZIP	PALM HARBOR FL	124 CITY ST ZIP		
51 TITLE		131 TITLE		☐ Change ☐ Addition
52 NAME		132 NAME		
53 STREET ADDRESS		133 STREET ADDRESS		
54 CITY ST ZIP		134 CITY ST ZIP		
61 TITLE		141 TITLE		☐ Change ☐ Addition
62 NAME		142 NAME		
63 STREET ADDRESS		143 STREET ADDRESS		
64 CITY ST ZIP		144 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn Clark, President — 4-17-95 — (813) 785-5150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004003