

DOCUMENT # P96000035347

1. Entity Name
WELLNESS MAXED, INC.

Principal Place of Business Mailing Address
11074 SW 69 CIR 11074 SW 69 CIR
OCALA FL 34476 Ocala FL 34476
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number 65-0662575 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STANTON, FRED ESQ.
SUNTRUST INTERNATIONAL CENTER STE 2400
ONE SE 3RD AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STANTON, FRED R	
STREET ADDRESS	SUNTRUST INTERNATIONAL CENTER STE 2400 1 S	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	President	<input type="checkbox"/> Delete
NAME	George W. Kelsey	
STREET ADDRESS	11074 SW 69 Circle	
CITY-ST-ZIP	Ocala, FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George W. Kelsey President George W. Kelsey Jan 9th 2001 (352) 973-1248
Signature and typed or printed name of signing officer or director Date Daytime Phone

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90064 026 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)