

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000089749 (3)**

1. Corporation Name

FOR THE HEALTH OF IT, INC.

Principal Place of Business

**2217 WEST COUNTY HWY 30-A
SANTA ROSA BEACH FL 32459**

Mailing Address

**P.O. BOX 42
PT. WASHINGTON FL 32454**



2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**BERRY, EDWARD
1224 N. HIGHWAY 395
PORT WASHINGTON FL 32454**

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

06/20/1995

4. FEI Number

59-3287992

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0600 and 607.1600, 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, Sections 607.0600, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	BERRY, EDWARD	
STREET ADDRESS	1224 N. HWY 395	
CITY-STATE-ZIP	PT. WASHINGTON FL 32454	
TITLE	DVS	☐ DELETE
NAME	MORGAN, RACHEL	
STREET ADDRESS	1224 N. HWY 395	
CITY-STATE-ZIP	PT. WASHINGTON FL 32454	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	
38 TITLE	☐ Change ☐ Addition
39 NAME	
40 STREET ADDRESS	
41 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. I am not a director or officer of the corporation. I further certify that the information indicated on this annual report or simplified annual report is true and correct 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 beneficial owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change in control affects it with an addition.

SIGNATURE:

Edward F Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/12/96

904-267-0558

CR2E034 (12/95)