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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750937** (5)
1. Corporation Name
WELLNESS, INC.

Principal Place of Business 4300 N.W. 89TH BLVD GAINESVILLE FL 32606 US	Mailing Address 4300 N.W. 89TH BLVD GAINESVILLE FL 32606 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/05/1980	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2011032	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMONTMOLLIN, STEPHEN J
4300 N.W. 89TH BLVD
GAINESVILLE FL 32606**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

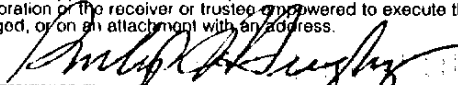
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	FRENCH, ROYAL	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	CARR, GLENA	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	MOUNGER, WILLIAM	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PEDDIE, EDWARD C	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TOWNSEND, WALLACE	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BULLARD, AUDREY	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	French, Royal	
1.3 STREET ADDRESS	4300 NW 89 BLVD	
1.4 CITY-ST-ZIP	Gainesville, FL 32606	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bullard, Audrey	
6.3 STREET ADDRESS	4300 NW 89 Blvd.	
6.4 CITY-ST-ZIP	Gainesville, FL 32606	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



2-16-98

352-337-8709

CR2E037 (10/97)

Wellness, Inc.
Corporation # 750937
(Addendum to 1998 Corporation Annual Report)

- D Daniels, Al 4300 NW 89 Blvd., Gainesville, FL 32606
- D Martsolf, Mary 4300 NW 89 Blvd., Gainesville, FL 32606
- D Nell, Cathy 4300 NW 89 Blvd, Gainesville, FL 32606
- D - Delete Bennett, Ed 4300 NW 89 Blvd., Gainesville, FL 32606

Asst Secretary Hughey, Philp J., 4300 NW 89 Blvd, Gainesville, FL 32606