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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 750937

1. Corporation Name  
 WELLNESS, INC.

\* 2 3 7 9 4 9 \*

Principal Place of Business  
 4300 N.W. 89TH BLVD  
 GAINESVILLE FL 32606  
 US

Mailing Address  
 4300 N.W. 89TH BLVD  
 GAINESVILLE FL 32606  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/05/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2011032	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24		29		30	

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, ROYAL	1.2 NAME	
STREET ADDRESS	4300 N.W. 89TH BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, GLENA	2.2 NAME	
STREET ADDRESS	4300 N.W. 89TH BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUNGER, WILLIAM	3.2 NAME	
STREET ADDRESS	4300 N.W. 89TH BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDDIE, EDWARD C	4.2 NAME	
STREET ADDRESS	4300 N.W. 89TH BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, WALLACE	5.2 NAME	
STREET ADDRESS	4300 N.W. 89TH BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLARD, AUDREY	6.2 NAME	
STREET ADDRESS	4300 N.W. 89TH BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [Signature] 1/8/99 305 671 4816  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037 (11/98)

80 1747-90055-26  
750937

**Wellness, Inc.**  
**Corporation # 750937**  
**(Addendum to 1999 Corporation Annual Report)**

- D Daniels, Al 4300 NW 89 Blvd., Gainesville, FL 32606
- D Martsof, Mary 4300 NW 89 Blvd., Gainesville, FL 32606
- D Nell, Cathy 4300 NW 89 Blvd, Gainesville, FL 32606
- Asst Secretary Hughey, Philp J., 4300 NW 89 Blvd, Gainesville, FL 32606