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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90035 026 \*\*\*\*70.00

DOCUMENT # 750937

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
02/05/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2011032

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 25 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 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE D ☐ DELETE

NAME FRENCH, ROYAL  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

1.1 TITLE ☐ Change ☐ Addition

TITLE DC ☐ DELETE

NAME CARR, GLENA  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL

1.2 NAME ☐ Change ☐ Addition

TITLE DVC ☐ DELETE

NAME MOUNGER, WILLIAM  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME PEDDIE, EDWARD C  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT ☐ DELETE

NAME TOWNSEND, WALLACE  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME BULLARD, AUDREY  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

2.2 NAME ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)

801747-90055-26  
750937

**Wellness, Inc.**  
**Corporation # 750937**  
**(Addendum to 1999 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
- Asst Secretary Hughey, Philp J., 4300 NW 89 Blvd, Gainesville, FL 32606