

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F50280

(9)

1. Corporation Name

LIFE CYCLES, INC.



Principal Place of Business

~~C/O JOANNE WALLACE TUTTLE~~
~~115 SOUTH DALE MABRY HWY~~
~~TAMPA FL 33609~~

Mailing Address

~~C/O SHIRLEY L. OWEN~~
~~115 SOUTH DALE MABRY HWY~~
~~TAMPA FL 33609~~

C/O JOANNE WALLACE TUTTLE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/20/1981

3a. Date of Last Report

02/24/1995

4. FEI Number

59-2133842

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of agent or printed name of registered agent and then applicable

(If OFF, Registered Agent signature required when not stated)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
TUTTLE, JOANNE WALLACE
8503 WOODALL COURT
TAMPA FL

☐ DELETE

12.2 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HAYES, TIMOTHY G ESQ
21859 STATE RD 54
LUTZ FL

☐ DELETE

12.3 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MAYWORTH, DEBRAH
21859 STATE RD 54
LUTZ FL

☐ DELETE

12.4 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

12.5 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

12.6 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

☐ Change ☐ Addition

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY - ST - ZIP

☐ Change ☐ Addition

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY - ST - ZIP

☐ Change ☐ Addition

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY - ST - ZIP

☐ Change ☐ Addition

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY - ST - ZIP

☐ Change ☐ Addition

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joanne Wallace Tuttle
JOANNE WALLACE TUTTLE

11/29/96 813
877-0494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)