

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90015 017 \*\*\*150.00

04-25-1999 90015 018 \*\*\*\*\*8.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F97000006136

1. Corporation Name

ACT II COUNSELING SERVICES INC.

Principal Place of Business

50-D NE 49TH ST  
OCALA FL 34479

Mailing Address

50-D NE 49TH ST  
OCALA FL 34479

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

52-1917107

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 owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

ODEN, PRICE  
50-D N.E. 49TH STREET  
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name CHARLES R PATTERSON

82 Street Address (P.O. Box Number is Not Acceptable)

83 SAME

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

CHARLES R PATTERSON

4-11-99

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME ODEN, PRICE  
STREET ADDRESS 50-D N.E. 49TH STREET  
CITY-STATE-ZIP Ocala FL

DELETE

TITLE VD  
NAME BAGSTER-COLLINS, RICHARD  
STREET ADDRESS 107 TAMARISK COURT  
CITY-STATE-ZIP GREENBELT MD

DELETE

TITLE SD  
NAME LUND, DONNA  
STREET ADDRESS 14950 BELLE AMI DRIVE  
CITY-STATE-ZIP LAUREL MD

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Treasurer  
Resident Director  
CHARLES R. PATTERSON  
50-D NE 49TH ST.  
OCALA, FL 34479

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 607, 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:

CHARLES R PATTERSON

Date

Daytime Phone #

352-369-1022

CR2E034 (11/98)