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FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H57460

(8)

1. Corporation Name

LIVING FOR HEALTH, INC.

Principal Place of Business

8209 113 ST N
6989 SEMINOLE BLVD. #4
SEMINOLE FL 33772
US

Mailing Address

PO BOX 4848
6989 SEMINOLE BLVD. #4
SEMINOLE FL 33775
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1985

4. FEI Number

59-2594154

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 5030 4th ST. N.

Suite, Apt. #, etc.

22

City & State

23 ST. PETERSBURG, FL

Zip

Country

24 33703

25 US

2a. Mailing Address

26 P.O. Box 76495

Suite, Apt. #, etc.

27

City & State

28 ST. PETERSBURG FL

Zip

Country

29 33734

30 US

9. Name and Address of Current Registered Agent

WARDLOW, MARY

6989 SEMINOLE BLVD. #4
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name

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

5030 4th ST. N.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33703

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WARDLOW, MARY

STREET ADDRESS PO BOX 4848

CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME V. President MARY L. WARDLOW

1.3 STREET ADDRESS PO BOX 76495 NA

1.4 CITY-ST-ZIP ST. PETERSBURG FL 33734

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME President PETER J. BERMKE

2.3 STREET ADDRESS P.O. Box 76495 N/A

2.4 CITY-ST-ZIP ST. PETERSBURG FL 33734

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

Peter J. Bermke

4/23/98

813.526.3851

CR2E034 (10/97)