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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

J69466

(7)

Mailing Address

GULF COAST HYPNOSIS TRAINING CENTER, INC.

4116 HIGHWAY 231 NORTH PANAMA CITY FL 32404		4116 HIGHWAY 231 NORTH PANAMA CITY FL 32404						
}						DO NOT WRITE IN THIS	SPACE	
ļ						3. Date Incorporated or Qualified	'	
						04/23/1987	<del></del>	
<b>—</b>	lace of Business	2a. Mailing Address				4. FEI Number	<del></del>	oplied For
21		26				59-2039066		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Col	untry		8. This corporation owes or has paid the cu	urrent year In	tangible
24	25	29	30			Personal Property Tax due June 30.  Yes No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
ļ Hi	LTON, L. CHARLES, JR.			81	Name		F	
4116 HIGHWAY 231 NORTH				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32404				1-1		actions (1.10. Box 1.a.mos. 10.1101/1.coop.ubic)		
				83				.,
ļ				84	City		85 Zip	Code
1				104	Oity	Fl	_ 103 Sth	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							1	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NC	TE: Registere	d Age	nt signature re	equired when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	VD	DELETE	1.1 T	ITLE			∐ Çhange	Addition
NAME	FAIRCLOTH, CHARLES		1.2 N	AME				ļ
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS			ł
CITY-ST-ZIP	PANAMA CITY FL		1.4 0	1.4 CITY-ST-ZIP				
TITLE			2.1 T	TLE			☐ Change	Addition
NAME			2.2 N	2.2 NAME				
A CUM KI SUS	FOUNTAIN FL	<del></del>			ADDRESS			
TITLE	ne .				ST-ZIP	The state of the s		
NAME	HILTON, L. CHARLES, JR.	EO ID		ITLE	-		Change	Addition
STREET ADDRESS	4116 HIGHWAY 231 NORTH	DICHMAY ON MODICE		IAME				1
1	PANAMA CITY FL		i i		ADDRESS			ŀ
CITY-ST-ZIP	ANAMA OIT FL	- I Dry			T-ZIP			
NAME		☐ DELETE	4.1 1				☐ Change	Addition
STREET ADDRESS			4.21					ļ
1			4.3 \$	TREET	ADDRESS			1
CITY-ST-ZIP				ITY-S	T-ZIP			
1		DELETE	5.1 11			<del></del>	Change	☐ Addition
NAME CODET ADDRESS			5.2 N		]	<		}
STREET ADDRESS			5.3 \$	TREET	ADDRESS			1
CITY-ST-ZIP			5.4 C	ITY-ST	ī-ZIP			

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-21P

SIGNATURE:

14. I hereby certify that the information supindicated on this annual report or suppofficer or director of the corporation or Block 12 or Block 13 if changed, or of

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RE RECUIRED

DELETE

Date

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information had 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 account of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Jan 28 1998 8:00am

Secretary of State

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Change