

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

FILED

Jan 28 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 # **J69466** (7)  
1. Corporation Name  
**GULF COAST HYPNOSIS TRAINING CENTER, INC.**

Principal Place of Business  
**4116 HIGHWAY 231 NORTH  
PANAMA CITY FL 32404**

Mailing Address  
**4116 HIGHWAY 231 NORTH  
PANAMA CITY FL 32404**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/23/1987**

4. FEI Number

**59-2039066**

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILTON, L. CHARLES, JR.  
4116 HIGHWAY 231 NORTH  
PANAMA CITY FL 32404**

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, 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 **VD** ☐ DELETE

NAME **FAIRCLOTH, CHARLES**  
STREET ADDRESS **24 HARRISON AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **DP** ☐ DELETE

NAME **FOISTER, JUDY**  
STREET ADDRESS **HIGHWAY 231**  
CITY-ST-ZIP **FOUNTAIN FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **DS** ☐ DELETE

NAME **HILTON, L. CHARLES, JR.**  
STREET ADDRESS **4116 HIGHWAY 231 NORTH**  
CITY-ST-ZIP **PANAMA CITY FL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name

CR2E034 (10/97)