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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DOCUM	996	DIVISION OF	CORPORATIONS		
 ADDICTION I 		36 (1)			
	DATINGS, INC.				
10 00					
Principal Place o	of Business	Mailing Address			<u> </u>
% G.W. ARMS		% G.W. ARMSTRONG			
6641 WONDER LAKE RD		6641 WONDER LAKE RD			
PENSACOLA F	FL 32526	PENSACOLA FL 32526		3. Date Incorporated or Qualified	3a. Date of Last Report
B. Dringing Din	- a f D vinces	2a, Mailing Address		07/03/1989 4. FEI Number	01/20/1995 Applied For
 Principal Place 	ce or Business	26. Mailing Address		59-2957091	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		Ch. 9 State		E Floring Converies Empreios	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
4	25	29	30	Florida Statutes Yes	
	g. Name and Address of Curr	rent Registered Agent	81 Name T	10. Name and Address of New R	egistered Agent
	ANA AW			ackie Hrmst	rong
ARMSTRONG, G.W. 6841 WONDER LAKE RD			82 Street Add	ress (P.O. Box Number is Not Acceptable 41 Wonder 1	", Ke Pd.
	OLA FL 32526		83	e i i wonder i	
PENOAU	ODA I E SESEO		84 City (85 Zip Code
			Pe	nsacola	FL 32526
or registers	stagoat or both in the State of Fl	orida. Such chacce was authorid	es, the above named corpored by the comporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	pose of changing its registered office ontment as registered agent. I am:
familiar with	n, and accept the obligations of, Se	ection 607.0505, Florida Statutes	0 1 6		1 19 01.
SIGNATURE 5	Jackie Hrmstra	ong President	TER STORE OF THE PROPERTY OF T	rmology	7-37-90
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TIFLE	P	DELETE	1 STITLE	D	Change 🔲 Addition
NAME	ARMSTRONG, G.W.		1 2 NAME	sackie Armstr 641 Wonder Lak	e ded.
STREET ADDRESS	6641 WONDER LAKE RD		1.3 STHEET ADDRESS 6	ensacola, FL	22526
CITY-ST ZIP	PENSACOLA FL	[] DELETE	1.4 CITY - ST- ZIP 2.1 TITLE	ensacoia, 1 -	Change Addition
NAME		Land	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-2IP			2.4 CiTV+ST-ZIP		
TITLE		DELETE	3 1 (1)(, F		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3 4 CHY-SI-2IF 4 1 TITLE		Change Addition
		<u>ب</u> د	4.2 NAME		
			4.3 STREET ADDRESS		
NAME STREET ADDRESS			TO CHIEF MEDICAL		
NAME			4.4 CITY - S1 - 7iP		
NAME STREET ADDRESS CITY-ST-ZIP		☐ D£LFTE	5 : TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP THTLE NAME		☐ DELFTE	4.4 CITY - \$1 - 7/P 5.1 TITLE 5.2 NAME		☐ Change ☐ Addit on
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELFTE	4.4 CITY - ST- 7 IP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELFTE	4.4 CITY - \$1 - 7/P 5.1 TITLE 5.2 NAME		Change Addition
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SIGNATURE: Oachie Committee of Signing Office on Director Gackie Armstrong, President

4-29-96

904/944-0167

Daytime Phone #