FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L24542** **(7)**

1. Corporation Name

METACORP WEIGHT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~1717 BLANDING BLVD~~ ~~#104~~ ~~JACKSONVILLE FL 32210~~ US	~~1717 BLANDING BLVD~~ ~~1717 BLANDING BLVD., SUITE 103~~ ~~JACKSONVILLE FL 32210~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/16/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21: 210 East Forsyth St.
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, FL
24: Zip: 32202
25: County: Duval

2a. Mailing Address
26: 210 East Forsyth St.
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, FL
29: Zip: 32202
30: County: Duval

4. FEI Number: 59-3005252 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRAZIER, CLARENCE F.
~~1717 BLANDING BLVD #104~~
~~JACKSONVILLE FL 32210~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 210 East Forsyth St.
83
84 City: Jacksonville FL 85 Zip Code: 32202

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: Clarence F. Frazier — Clarence F. Frazier – Vice-President — DATE: 4/20/95
Signature (and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE		☒ Change ☐ Addition
NAME	FRAZIER, CLARENCE F	1.2 NAME		
STREET ADDRESS	~~1717 BLANDING BLVD #104~~	1.3 STREET ADDRESS	210 E. Forsyth St.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	DPT	2.1 TITLE		☒ Change ☐ Addition
NAME	SUTER, MAX	2.2 NAME		
STREET ADDRESS	~~1717 BLANDING BLVD #104~~	2.3 STREET ADDRESS	210 E. Forsyth St.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	DS	3.1 TITLE		☒ Change ☐ Addition
NAME	SUTER, ROBYN J.	3.2 NAME		
STREET ADDRESS	~~1717 BLANDING BLVD #104~~	3.3 STREET ADDRESS	210 E. Forsyth St.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Clarence F. Frazier - Clarence F. Frazier - VP — Date: 4/20/95 — 904-358-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0010071 CP