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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L82737 (2)
1. Corporation Name:
METABOLIC RESEARCH CENTER OF LAKE CITY, INC.



Principal Place of Business Mailing Address
RR 17, BOX 2235 RR 17, BOX 2235
LAKE CITY FL 32055 LAKE CITY FL 32055-9817

3. Date Incorporated or Qualified 06/20/1990 3a. Date of Last Report 12/09/1996
4. FEI Number 59-3014133 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 30 Country
24 25 29 30

9. Name and Address of Current Registered Agent

SOILEAU, JOHN W
3229 HWY 17 NORTH
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	SOILEAU, JOHN W	6191 WEST SHORES ROAD	ORANGE PARK FL	
SD	SOILEAU, NINA	6191 WEST SHORE ROAD	ORANGE PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	1.2	1.3	1.4	
2.1	2.2	2.3	2.4	
3.1	3.2	3.3	3.4	
4.1	4.2	4.3	4.4	
5.1	5.2	5.3	5.4	
6.1	6.2	6.3	6.4	

14. I do 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:

John W. Soileau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97
Date

Daytime Phone # 0006419

CR2E034 (9/96)