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Apr 08 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 # **L95241** (0)

1. Corporation Name
C H HYPERBARICS, INC.

Principal Place of Business
**C/O 565 HARRISON AVENUE
7151 W HWY 98 STE 224
PANAMA CITY BCH FL 32407**

Mailing Address
**C/O 565 HARRISON AVENUE
7151 W HWY 98 STE 224
PANAMA CITY BCH FL 32407-4809**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Name and Address of Current Registered Agent

**WHITTON, JEFFREY P.
565 HARRISON AVENUE
PANAMA CITY FL 32401**

3. Date Incorporated or Qualified

08/22/1990

3a. Date of Last Report

04/04/1996

4. FEI Number

59-3026747

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

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 ☐ DELETE

NAME **D
HERBLOT, CLAUDE**
STREET ADDRESS **4816 SPYGLASS DR**
CITY- ST- ZIP **PANAMA CITY BCH FL**

TITLE ☐ DELETE

NAME **D
HERBLOT, MARYELLEN**
STREET ADDRESS **4816 SPYGLASS DR**
CITY- ST- ZIP **PANAMA CITY BCH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Claude Herblot**
1.3 STREET ADDRESS **5619 S. Lagoon Dr.**
1.4 CITY- ST- ZIP **Panama City Bch, FL 32407**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Maryellen Herblot**
2.3 STREET ADDRESS **5619 S. Lagoon Dr.**
2.4 CITY- ST- ZIP **Panama City Bch, FL 32407**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 reports 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.4.97

904-265-8049

Date

Daytime Phone #

CR2E034 (9/96)