

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M64438 (8)

1. Corporation Name

MELANEY SREENAN-AUGER, M.S.W., A.C.S.W., P.A.



Principal Place of Business

8 MELANEY K. SREENAN-AUGER
217 HILLCREST STREET
LAKELAND FL 33801

Mailing Address

8 MELANEY K. SREENAN-AUGER
217 HILLCREST STREET
LAKELAND FL 33801

3. Date Incorporated or Qualified

01/12/1988

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

21 2031 E. Edgewood Dr.

Suite, Apt. #, etc.

22 Suite 3

City & State

23 Lakeland, FL

Zip

24 33803

Country

2a. Mailing Address

26 2031 E. Edgewood Dr.

Suite, Apt. #, etc.

27 Suite 3

City & State

28 Lakeland, FL

Zip

29 33803

Country

30

4. FEI Number

59-2869897

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

9. Name and Address of Current Registered Agent

SREENAN-AUGER, MELANEY K.
217 HILLCREST ST.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2031 E. Edgewood Dr.

84 City

Lakeland

FL

85 Zip Code

33803

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 607.0535, Florida Statutes.

SIGNATURE

Signature of director or person making change of registered agent on this application

NOTE: Registered Agent signature required when making change

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SREENAN-AUGER, MELANEY K	
STREET ADDRESS	217 HILLCREST STREET	
CITY-STATE-ZIP	LAKELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
1. NAME	
1.3 STREET ADDRESS	2031 E. Edgewood Dr. Suite 3
1.4 CITY-STATE-ZIP	Lakeland, FL
2. TITLE	☐ Change ☐ Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

Exhibit Form #

CR2E034 (12/95)