E11 0	NOW: EILING	EEC ACTO	D BAAV 4 16	2 600		00						
PROFIT CORPORATION ANNUAL REPORT 1996		FEE AFIE	FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State DIVISION OF CORPORATIONS									
DOCU	MENT# MO	68987										
1. Corporation	Name		(0)									
FOLS	om's Hearing aid	CENTER, INC	•									######################################
Principal Place of Business Mailing Address												
% KATHY . 1215 LEE / TALLAHASS		1;	% KATHY J. FOLSOM 1215 LEE AVENUE TALLAHASSEE FL 32303									
							3.	Date Incorporated or Qu 02/19/1988	ualified	3a. Dat	e of Last 04/06	
2. Principal Pla	ce of Business	2a . M.	alling Address				4.	El Number		l <u></u>	01/00	Applied For
Suite, Apt. #	t etc	26	rte, Apt. #, etc.					59-2874628		• • • • • • • • • • • • • • • • • • • •		Not Applicable
22	, 500	27	nte, zyn, #, en.				5. (Certificate of Status Des	sired			75 Additional e Required
City & State		28	y & State	,			I	lection Campaign Fina- rust Fund Contribution				00 May Be ded to Fees
Zip 24	Country 25	7 p	}	Cour 30	ntry			his corporation has liab liorida Statutes		intangible t ₃ ☑ No	ax under	s 199.032,
	9. Name and Address of							Name and Address of		,	Agent	
EOLEO	IM, KATHY J.				81	Name						
	M, NATHT J. EE AVENUE				82	Street Ad	ddress (P.C	. Box Number is Not A	cceptal	hle)		
	HASSEE FL 32303				83							
				-	84	City					85	Zip Code
11. Pursuant to	the provisions of Sections 6	07.0502 and 607.15	08, Florida Statutes.	the abov	 /e_na	amed con	oorabon su	ocuts this statement for	the nu	rises of ch	.	registered office
	id agent, or both, in the State i, and accept the obligations			by the co	orpo	ration's b	oard of dire	ctors. I hereby accept t	he app	ointment as	register	ed agent. I am
SIGNATURE												
12.	Spration , typica or printed in which through OFFICE	ERS AND DIRECTOR		7-gradera (7	g ^M A.	egraforite (n setabeta A	DDITIONS/CHANGES	TO OEE	DATE	DIDECT	Official 12
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NAME	FOLSOM, KEN A.			1.2 NAM	ME	İ						_
STREET ADDRESS	2611 BRENTSHIRE (OR.		13 STR	REET A	DDRESS						
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CiJ	Y-ST	- ZIP						
TITLE	DVST		□ DELETE	2.1 111						1	Change	Add-tion
NAME STREET ADDRESS	FOLSOM, KATHY J. 2611 BRENTSHIRE [מר		2.2 NAN								
CITY-ST-ZIP	TALLAHASSEE FL	νт.		2.3 S1R								
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NAME				3 2 NAN		!				~ L	Unlange	Addition
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NAME CIDIET ADDRESS				5.2 NAM								
STREET ADORESS				53 STH		F						
CITY-ST-ZIP TITLE			C) DELETE	5.4 CITY		Z:P					= .	
NAME			DELETE	6 1 7178						[Change	☐ Addition
STREET ADDRESS				6.2 NAV		V:DECC						
CONTRACTOR DESCRIPTION IN				■ 6 4 C(D)	I 61	E SEE CO.						

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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPERFOR PRITTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Described Printed
6.3 STREET ADDRESS

CR2E034 (12/95)