FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



M68987

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90128 049 ***150.00

FOLSOM'S HEARING AID CENTER, INC.													
													
Principal	Place	of Business			lailing Address		_			-	. 18 18 18 18 18 18 18 18 18 18 18 18 18 		
	ATHY J. FOLSOM % KATHY J. FOLSOM LEE AVENUE 1215 LEE AVENUE												
	AHAŞSEE FL 32303 TALLAHASSEE FL 32303									DO NOT WRITE	IN THIS SP	ACE	
										3. Date Incorporated or Qualifed			
										02/19/1988			
2. Princi	pal Pla	ace of Busin	ess	2a	. Mailing Address					4. FEI Number		\rightarrow	plied For
21				26						59-2874628			t Applicable
Suite,	ite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certifcate of Status Desired	`	Fee Re	Additional equired
	& State				City & State					6. Election Campaign Financing	J .	\$5.00	
23				28						Trust Fund Contribution Added to Fees			o Fees
Zip	1	_	Country		Zip	_	ıntry			8. This corporation owes the current			
24	!	25			30			<u>, </u>		Personal Property Tax.		Yes	□No
	; !	9. Name	and Address of C	urrent Regi	stered Agent		24			10. Name and Address of New Reg	istered Age	nt	
	! EOLG	OM KEN	٨				81	Name					
	FOLSOM, KEN A 2611 Brentshire Dr							2 Street Address (P.O. Box Number is Not Acceptable)					
	TALLAHASSEE FL 32303						83	22					
	1	111110000	1 2 32333										
								City			FL!	5 Zip ({
11. Purs	uant to	o the provisi	ions of Sections 60	7.0502 and	607.1508, Florida Stat	tutes, the a	bove	e-named	corpo	ration submits this statement for the pu	rpose of cha	nging its	registered
office	e or re	gistered age n familiar wit	ent, or both, in the S th. and accept the o	State of Flor Ibligations o	ida, Such change was f, Section 607.0505, F	autnorize Iorida Stat	a by utes	tne corp	oration	's board of directors. I hereby accept t	не арронин	ant as re	gistered
SIGNATI			•	Ū									į
SIGIVA	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register								required :	when reinstating)	DATE		=
12.	<u>i , </u>		OFFICER	S AND DIR		13.				ADDITIONS/CHANGES TO OFFIC	_		Addition
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

Daytime Phone #