

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42176 (0)

1. Corporation Name

PLANET WELL, INCORPORATED



Principal Place of Business

Mailing Address

420 E. CALL ST.
TALLAHASSEE FL 32301
US

P.O. BOX 254
TALLAHASSEE FL 32302
US

3. Date Incorporated or Qualified
02/19/1991

3a. Date of Last Report
06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 3026 RANCHETTE SQ

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 GULF BREEZE FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 32561

25 USA

29 32561

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, LINDA L.
1202 MITCHELL ST.
TALLAHASSEE FL 32303

81 Name Linda L. Young

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

3026 RANCHETTE SQ

83

84 City Gulf Breeze

FL

85 Zip Code

32561

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 7/27/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YOUNG, LINDA L.
STREET ADDRESS 1202 MITCHELL ST.
CITY - ST - ZIP TALLAHASSEE FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

TITLE VD
NAME LUDDER, DAVID
STREET ADDRESS 1115 N. GADSDEN
CITY - ST - ZIP TALLAHASSEE FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE SD
NAME CUMMINGS, JOY
STREET ADDRESS PO BOX 227 N/A
CITY - ST - ZIP SALEM FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

TITLE TD
NAME HALE, DON
STREET ADDRESS 1032 COMMERCIAL WAY
CITY - ST - ZIP TALLAHASSEE FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/96 904 934-6360

DATE 05/23/96

CR2E037 (3/96)