

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:40

DOCUMENT # N43015 (9)

1. Corporation Name

KNOW THYSELF, INC.

Principal Place of Business

Mailing Address

P.O. BOX 61414
ST. PETERSBURG FL 33784-1414

P.O. BOX 61414
ST. PETERSBURG FL 33784-1414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1991

3a. Date of Last Report

02/25/1994

4. FEI Number

59-3059596

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, MARIE

86014 ST N, STE 201A

SUITE 101

ST PETERSBURG FL 33702

Not New Agent →
Only change in address

81

Name

MARIE WHITE

82

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

8601 - 4th ST. N, STE 201A

83

84

St. Petersburg

FL

85

Zip Code

33702

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

WHITE, MARIE

STREET ADDRESS

842-22ND AVENUE S.

CITY - ST - ZIP

ST. PETERSBURG FL

1.1 TITLE

M

1.2 NAME

Marie White

1.3 STREET ADDRESS

8601 - 4th ST. N, STE 201

1.4 CITY - ST - ZIP

ST. PETERSBURG FL 33702

☒ Change ☐ Addition

TITLE

D

NAME

COY, SANDY

STREET ADDRESS

1925-55TH AVE. S. APT.3

CITY - ST - ZIP

ST. PETERSBURG FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

SKENTON, OVEIDA Y.

STREET ADDRESS

3357 - 30TH ST. N.

CITY - ST - ZIP

ST. PETERSBURG FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D

Robert Dardenne

140 - 7th ST AVE So.

St. Petersburg, FL

☒ Change ☐ Addition

TITLE

D

NAME

FLEMING, SHIRLEY A.

STREET ADDRESS

1950 - 2ND AVE. NORTH

CITY - ST - ZIP

ST. PETERSBURG FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

PARMENTER, STEVJEAN

STREET ADDRESS

29298 - U.S. HWY. 19 NO.

CITY - ST - ZIP

CLEARWATER FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 110.07(3)(b), 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:

Marie White

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/95

Date

Signature (Block 13)