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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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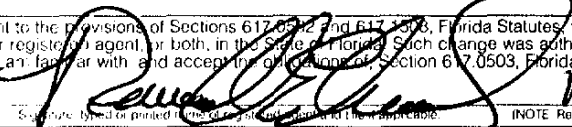
DOCUMENT # **NA5000000242**
1. Corporation Name **LIFE SOURCE, Inc.**

Principal Place of Business Mailing Address
2360 SE 51ST AVE
OCALA, FL 34471-5785 **SAME**

2. Principal Place of Business 21 LIFE SOURCE, INC Suite, Apt. #, etc. 22 2360 SE 51ST AVE City & State 23 OCALA FL Zip 24 34471-5785	2a. Mailing Address 26 LIFE SOURCE INC Suite, Apt. #, etc. 27 2360 SE 51ST AVE City & State 28 OCALA FL Zip 29 34471-5785 Country 30 USA	3. Date Incorporated or Qualified 3a. Date of Last Report 5-1-96 4. FEI Number 59-3360334 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
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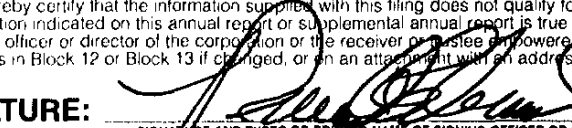
9. Name and Address of Current Registered Agent CHERYA T. CAVANAUGH 7660 NW 10TH ST OCALA, FL 34482	10. Name and Address of New Registered Agent 81 Name RUSSELL E. AMERLING 82 Street Address (P.O. Box Number is Not Acceptable) 2360 SE 51ST AVE 83 84 City OCALA FL 85 Zip Code 34471-5785
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11. Pursuant to the provisions of Sections 617.05(2) and 617.05(3), 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 provisions of Section 617.05(3), Florida Statutes.

SIGNATURE  **RUSSELL E. AMERLING** 3-10-97
NOTE: Registered Agent signature required when reappointing. DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☒ DELETE NAME D CHERYA T CAVANAUGH STREET ADDRESS 7660 NW 10TH ST CITY-ST-ZIP OCALA FL 34482-8202	1.1 TITLE ☐ Change ☒ Addition D/P/C/M 1.2 NAME RUSSELL E. AMERLING 1.3 STREET ADDRESS 2360 SE 51ST AVE 1.4 CITY-ST-ZIP OCALA, FL 34471-5785
TITLE ☒ DELETE NAME D THOMAS E. CAVANAUGH JR STREET ADDRESS 7660 NW 10TH ST CITY-ST-ZIP OCALA FL 34482-8202	2.1 TITLE ☐ Change ☒ Addition D/T 2.2 NAME JILL R. AMERLING 2.3 STREET ADDRESS 2360 SE 51ST AVE 2.4 CITY-ST-ZIP OCALA, FL 34471-5785
TITLE ☒ DELETE NAME D THOMAS E. CAVANAUGH JR STREET ADDRESS 7809 NW 125TH ST CITY-ST-ZIP RED DICK, FL 32686	3.1 TITLE ☐ Change ☒ Addition D/V 3.2 NAME PATRICK BORTER 3.3 STREET ADDRESS 2236 SE 7TH AVE 3.4 CITY-ST-ZIP OCALA, FL 34471
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☒ Addition D/S 4.2 NAME SHERI ROGERS 4.3 STREET ADDRESS 241 NW 60TH AVE 4.4 CITY-ST-ZIP OCALA, FL 34482
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 600002123446 6.2 NAME -03/25/97--01042--045 6.3 STREET ADDRESS ***61.25 6.4 CITY-ST-ZIP

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

SIGNATURE:  **3-10-97 (352) 6242854**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #