

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000003708 (3)

1. Corporation Name

FLORIDA THERAPY SERVICES, INC.

Principal Place of Business

Mailing Address

538 HARMON AVENUE
PANAMA CITY FL 32401

538 HARMON AVENUE
PANAMA CITY FL 32401

3. Date Incorporated or Qualified

08/04/1995

4. FEI Number

59-3226958

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOD, SANDRA S
239 EAST VIRGINIA ST.
TALLAHASSEE FL

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME CABLE, ROLLIN
STREET ADDRESS 239 E. VIRGINIA ST.
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D
NAME CABLE, TERI
STREET ADDRESS 239 E. VIRGINIA ST.
CITY-ST-ZIP TALLAHASSEE FL

☒ DELETE

TITLE COD
NAME CAMPOOLE, EVERETT B
STREET ADDRESS RT. 1 BOX 128 HWY 90 E
CITY-ST-ZIP MONTICELLO FL 32344

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE President - C.E.O. - STD
1.2 NAME Rollin Cable
1.3 STREET ADDRESS 538 Harmon Ave
1.4 CITY-ST-ZIP Panama City, FL 32401

☒ Change ☐ Addition

2.1 TITLE Director
2.2 NAME Collin Cable
2.3 STREET ADDRESS 538 Harmon Ave
2.4 CITY-ST-ZIP Panama City, FL 32401

☐ Change ☒ Addition

3.1 TITLE Director
3.2 NAME BERNARD J. HADDLOCK
3.3 STREET ADDRESS 10 SUGAR MILL DR
3.4 CITY-ST-ZIP CAULWASSIE ISLAND
OKATE, SC 29910

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 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

Date

Daytime Phone #

7-15-98

850-785-5351

CR2E037 (5/98)

FILED
Sep 03 1998 8:00am
Secretary of State

