

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90016 019 ****70.00

DOCUMENT # N98000003973

1. Corporation Name

LIFESTYLE FINANCIAL SERVICES, INC.

Principal Place of Business

404 WALNUT STREET
GREEN COVE SPRINGS FL 32043

Mailing Address

404 WALNUT STREET
GREEN COVE SPRINGS FL 32043



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/07/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3521032

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTCHINGS
HUTCHINGS, WILLIAM H
404 WALNUT STREET
GREEN COVE SPRINGS FL 32043

81 Name

HUTCHINGS, WILLIAM H.

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

83

404 WALNUT ST.

84 City

GREEN COVE SPRINGS

FL

85 Zip Code

32043

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

William H. Hutchings

WILLIAM HUTCHINGS

2/23/99

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CHAIRMAN (DIRECTOR) ☐ DELETE
NAME WILLIAM H. HUTCHINGS
STREET ADDRESS 404 WALNUT ST.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE DIRECTOR ☐ DELETE
NAME MYRNA L. HUTCHINGS
STREET ADDRESS 3264 MANORIAN AV
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE RICHARD WESZELSCHEWDT (DIRECTOR) ☐ DELETE
NAME
STREET ADDRESS EADON ROAD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

DATE

(904) 284-4834

Daytime Phone #

CR2E037 (11/98)