FILED Apr 08, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300007938

•	TW CHIROPRACTIC OF CRY	STAL RIVER, INC.						
Principal Place	e of Business	Mailing Address			- REPORTED IN THE BUILT DOLL AND US OF BUILT DOLLS OF	191 80 11) 1 00 16 30101		
760 N. SUNCO		760 N. SUNCOAST BLVD.						
CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429				•	DO NOT WRITE IN THIS SPACE			
U\$		US				IIS SPACE		
					3. Date Incorporated or Qualifed 02/02/1993			-
A D: -:I D	de la Charles	2a. Mailing Address			4. FEI Number	Δn	plied For	
	lace of Business	H			59-3165412		t Applicable	
Suite, Apt.	# atc	Suite, Apt. #, etc.				\$8.75		
—	, ·	27			5. Certificate of Status Desired	Fee Re		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23	•	28			Trust Fund Contribution	Added t		
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	Intangible		
24	25	29	30		Personal Property Tax.	X Yes	□No	
J	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Register	ed Agent		
				81 Name				
	LEY, CHARLES F.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	_	_	
8317 US HWY 19								
POR	IT RICHEY FL 34668			83				
				84 City		. 85 Zip (Code	
]		L	Ì	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorized	o by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the statement for the purpose in the statement for the statement	pointment as re	gistered	
O.O. W. T. O. L.	Signature, typed or printed name of registered age						i	
			<u> </u>	Agent signature require		AND DIDECTO	NOC IN 40	ć
12.	OFFICERS AN	ID DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS			ć
12.	OFFICERS AN		13.	TLE		AND DIRECTO	DRS IN 12	144,000
	OFFICERS AN DPVS HALLEY, CHARLES F	ID DIRECTORS	13. 1.1 Tr	TLE AME				(44,00)
TITLE	DPVS HALLEY, CHARLES F 8317 U.S. HWY 19	ID DIRECTORS	13. 1.1 Tr	TLE				(44,00)
TITLE NAME	OFFICERS AN DPVS HALLEY, CHARLES F	ID DIRECTORS	13. 1.1 Tf 1.2 N 1.3 S 1.4 C	TLE AME TREET ADDRESS ITY-ST-ZIP		☐ Change	☐ Addition	144 / A 4 /
TITLE NAME STREET ADDRESS	DPVS HALLEY, CHARLES F 8317 U.S. HWY 19 PORT RICHEY FL 34668	ID DIRECTORS	13. 1.1 T/ 1.2 N/ 1.3 S 1.4 C 2.1 T/	TILE AME TREET ADDRESS ITY-ST-ZIP TILE				COURT 44 (00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPVS HALLEY, CHARLES F 8317 U.S. HWY 19 PORT RICHEY FL 34668 T HALLEY, CHARLES F	ID DIRECTORS	13. 1.1 T/ 1.2 N/ 1.3 S' 1.4 C/ 2.1 T/ :22 N/	TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME		☐ Change	☐ Addition	W 44 600
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPVS HALLEY, CHARLES F 8317 U.S. HWY 19 PORT RICHEY FL 34668 T HALLEY, CHARLES F 8317 U.S. HWY 19	ID DIRECTORS	13. 1.1 TF 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS		☐ Change	☐ Addition	1 1000 144 MOD
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	DPVS HALLEY, CHARLES F 8317 U.S. HWY 19 PORT RICHEY FL 34668 T HALLEY, CHARLES F. 8317 U.S. HWY 19 PORT RICHEY FL 34668	ID DIRECTORS DELETE DELETE	13. 1.1 TF 1.2 N 1.3 S 1.4 C 2.1 TF :22 N 2.3 S 2.4 C	TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP		☐ Change	Addition	(14,00)
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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 607, 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4/6/98 352-795-77

CR2E034 (11/98)