FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
APR
FILED

95 APR 15 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000017155 (1)**

1 Enter the name

PURE PRACTICES, INC.

Principal Office Address

1310 ARTHUR AVE.
PANAMA CITY FL 32401

Mailing Address

1310 ARTHUR AVE.
PANAMA CITY FL 32401

Certificate of Status

3. Date Incorporated or Qualified: **03/01/1993**
3a. Date of Last Report: **08/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **65-0411773** — Applied For / Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired — **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. This corporation is currently qualified as a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code. Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

LEATHERS, MICHAEL R
1310 ARTHUR AVE.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

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 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 (if changing registered agent, registered agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title 32 Name 33 Street Address 34 City-St-Zip	**DPST** **LEATHERS, MICHAEL R** **1310 ARTHUR AVE.** **PANAMA CITY FL 32401**	31 Title 32 Name 33 Street Address 34 City-St-Zip	[ ] Change [ ] Addition
35 Title 36 Name 37 Street Address 38 City-St-Zip		35 Title 36 Name 37 Street Address 38 City-St-Zip	[ ] Change [ ] Addition
39 Title 40 Name 41 Street Address 42 City-St-Zip		39 Title 40 Name 41 Street Address 42 City-St-Zip	[ ] Change [ ] Addition
43 Title 44 Name 45 Street Address 46 City-St-Zip		43 Title 44 Name 45 Street Address 46 City-St-Zip	[ ] Change [ ] Addition
47 Title 48 Name 49 Street Address 50 City-St-Zip		47 Title 48 Name 49 Street Address 50 City-St-Zip	[ ] Change [ ] Addition
51 Title 52 Name 53 Street Address 54 City-St-Zip		51 Title 52 Name 53 Street Address 54 City-St-Zip	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 blank there.

SIGNATURE: Michael R. Leathers — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Leathers 4-15-95 904-234-3343
Title Date Daytime Phone

0090174 CP