

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90020 021 \*\*\*150.00

DOCUMENT # **P93000037204**

1. Corporation Name

**CORNERSTONE WELLNESS, INC.**



Principal Place of Business

900 BOOTH CIR #100  
ONGWOOD FL 32750  
IS

Mailing Address

P O BOX 952078  
LK MARY FL 32795  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/20/1993**

4. FEI Number

**59-3187938**

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 owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

9. Name and Address of Current Registered Agent

**TYREE, SHERI A**  
**249 SHEPPARD ST**  
**ALTAMONTE SPRGS FL 32701**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE  
NAME JAMES MCMILLEN  
REET ADDRESS 429 MAINSAIL CT.  
TY-ST-ZIP LAKE MARY FL 32746

TITLE VS ☐ DELETE  
NAME SHERI TYREE  
REET ADDRESS 249 SHEPPARD ST  
TY-ST-ZIP ALTAMONTE SPRGS FL 32701

TITLE ☐ DELETE  
NAME  
REET ADDRESS  
TY-ST-ZIP

TITLE ☐ DELETE  
NAME  
REET ADDRESS  
TY-ST-ZIP

TITLE ☐ DELETE  
NAME  
REET ADDRESS  
TY-ST-ZIP

TITLE ☐ DELETE  
NAME  
REET ADDRESS  
TY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

To whom it may concern:  
Neither I nor my partner  
ever received a first packet  
for the Annual report. Please  
consider accepting \$150.00  
for this submission of  
our 1999 Annual Report.

Respectfully,  
Sheri Tyree

6-29-99

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)