

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000043637 (6)

1. Corporation Name

DURANT CHIROPRACTIC CLINIC, INC.



Principal Place of Business

1561 N NOVA RD  
HOLLY HILL FL 32117  
US

Mailing Address

1573 N NOVA RD  
108  
HOLLY HILL FL 32117  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1993

2. Principal Place of Business

21 1435 Dunn Ave

Suite, Apt. #, etc

22

City & State

23 Daytona Beach, FL

Zip

24 32114

Country

25 Volusia

2a. Mailing Address

26 1435 Dunn Ave

Suite, Apt. #, etc

27

City & State

28 Daytona Beach, FL

Zip

29 32114

Country

30 Volusia

4. FEI Number

59-3190111

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

DURANT, MICHAEL D.C.  
1561 N NOVA RD  
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name

Durant, Michael DC

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

1435 Dunn Ave

83

84 City

Daytona Beach

FL

85 Zip Code

32114

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

Wendy P Durant, V.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/98

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME DURANT, MICHAEL D.C.  
STREET ADDRESS 1561 N NOVA RD  
CITY-ST-ZIP HOLLY HILL FL

TITLE V ☐ DELETE

NAME DURANT, WENDY P  
STREET ADDRESS 1561 N NOVA RD  
CITY-ST-ZIP HOLLY HILL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

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

1435 Dunn Ave  
Daytona Beach, FL 32114

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

1435 Dunn Ave  
Daytona Beach, FL 32114

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on my attachment with an address.

SIGNATURE:

Wendy P Durant

2/20/98 9042559522

CR2E034 (10/97)