SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P9400001521 (1)

SUELLYN VANDERSLICE, PH.D., P.A. Principal Place of Business Mailing Address											
1008 JENKS AVE. PANAMA CITY FL 32401			1008 JENKS AVE. PANAMA CITY FL 32401								
						3. Date Incorporated or 0	Dualified	3a. Date			
2 Principal P	lace of Business		Mailing Address			12/27/1993 4. FEI Number Currect	L 4	06/	13/199		-
21 21	lace of business	26	Mailing Address					011-		Applied Vot App	
Suite, Apt	#. etc.		Suite, Apt. #, etc.			-59 276799 5	59-32	74 16	<u>⊘்</u> ு \$8.75	- ' '	
22		27	, . 4.,,			5. Certificate of Status Do	osired			Require	
City & Stati	9		City & State			6. Election Campaign Fin	ancino .		\$5.0	D May I	Re
23		28				Trust Fund Contribution	٠ ١			to Fee	
— ^{Zip}	Country		Zip	Coun	try	8. This corporation has to	ability for int	tangib <u>le t</u> a	ıx under	s 199 (032
24	25	29		30		Florida Statutes	X	Yes 🔲	No	·	
	9. Name and Address of Curre	nt Registe	ered Agent		Alassia	10. Name and Address o	f New Regi	stered Ag	ent		
M	CCAULEY, CARROLL L				1 Name						
	OAK AVENUE			Ē	2 Street Add	ress (P.O. Box Number is Not	Acceptable)			
P/	NAMA CITY FL 32401				3	·····					
					3						
					4 City			FL	85 Zır	Code	
11. Pursuant	to trie provisions or Sections 607 050	oz and 60.	7. <u>1</u> 508, Florida Stat	utes, the abo	ve-named com	oration submits this statement	for the purp	pose of ch	ianging il	s regist registe	tered red
office or n agent 1 a SIGNATURE	to the provisions of Sections 607 056 egistered agent, or both, in the State in familiar with, and accept the oblig Signature typed or printed name of Agesteric ag	gations of,	Section 607.0505, I	Florida Statut	es		оу ассері п	OATE		· · · · · · · · ·	
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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.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR