

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044104 (5)

1. Corporation Name

HEALTHY PC, INC.

Principal Place of Business
**305 N FORT HARRISON AVE
CLEARWATER FL 34615**

Mailing Address
**305 N FORT HARRISON AVE
CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/08/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3249151

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, SARAH
305 N FORT HARRISON AVE
CLEARWATER FL 34615**

81. Name

FORD, SARAH

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

305 N FORT HARRISON AVE

83.

CLEARWATER, FL

84. City

FL

85. Zip Code

34615

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 appointment, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

SARAH FORD, TREAS.

4.11.95

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

VELASCO, CHERYL

STREET ADDRESS

905 TURNER ST

CITY - ST - ZIP

CLEARWATER FL 34615

TITLE

ST

NAME

FORD, SARAH

STREET ADDRESS

330 PROMENADE LN

CITY - ST - ZIP

DUNEDIN FL 34698

1.1 TITLE

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

ST

FORD, SARAH

1258 DINNELBELL LAKE

DUNEDIN FL 34698

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 change of 12 or 13 is indicated with an address.

SIGNATURE:

[Signature]

SARAH FORD, TREAS.

4.11.95

(813) 446 9817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number