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PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000067666 (5) REHAB & COMPANY, INC.

FILED Feb 25 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 77 BAYBRIDGE DR 77 BAYBRIDGE DR **GULF BREEZE FL 32561** GULF BREEZE FL 32561 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3268454 3807 Subertooth Circle 3807 Sabertooth Circle 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Gulf Breeze 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible us X Yes ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TRIPLETT, GENE T 81 Name 77 BAYBRIDGE DR Street Address (P.O. Box Number is Not Acceptable)
3807 Sabertooth Circle 82 **GULF BREEZE FL 32561** 83 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typod or printed hack of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change Addition STEWART, SHARON NAME 1.2 NAME 77 BAYBRIDGE DR 7025 Calle Cabesa De Vaca STREET ADDRESS 1.3 STREET ADDRESS **GULF BREEZE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Navarra, FL 32566 Change DELETE Addition TITLE 2.1 TITLE TRIPLETT, GENE NAME 2.2 NAME 77 BAYBRIDGE DR 3807 Sabartouth Circle 2.3 STREET ADDRESS STREET ADDRESS **GULF BREEZE FL** 2 4 CITY-ST-ZIP Gulf Brease, FL 3256 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 chapter 607 mpc attachment with an address.

SIGNATURE: