

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
THE TREASURY OF FLORIDA
CORPORATION DIVISION

DOCUMENT # **P94000089073 (8)**

1. Corporation Name

WHOLISTIC COMMUNICATIONS, INC.

2. Principal Office Address

**50 N POINCIANA DR
SATELLITE BEACH FL 32937**

2a. Mailing Address

**50 N POINCIANA DR
SATELLITE BEACH FL 32937**

EXPIRATION DATE OF THIS REPORT

12/07/1994

3b. Date of Last Report

2. Previous Fiscal Year

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

FEI: 59-3289816

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has failed to comply with the provisions of Chapter 197, Florida Statutes, ☐ Yes ☒ No

22. State of Florida

27. State of Florida

505 Park Ave

505 Park Ave

23. City & State

28. City & State

Satellite Beach, FL

Satellite Beach, FL

24. ZIP

25. County

29. ZIP

30. County

32937

Brevard

32937

Brevard

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERRELL, WILLIE C
50 N POINCIANA DR
SATELLITE BEACH FL 32937**

81. Name

82. Street Address (If 2 Box Number is Not Applicable)

505 Park Ave

83. City

Satellite Beach

84. State

FL

85. ZIP

32937

11. Pursuant to the provisions of Sections 197.01 and 197.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as indicated below. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the provisions of Chapter 197, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not a natural person, the signature of the authorized officer or director must be provided.)

Signature of Registered Agent (If Registered Agent is not a natural person, the signature of the authorized officer or director must be provided.)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	D
2. NAME	MERRELL, WILLIE C
3. STREET ADDRESS	50 N POINCIANA DR
4. CITY & STATE	SATELLITE BEACH FL 32937
5. NAME	
6. STREET ADDRESS	
7. CITY & STATE	
8. NAME	
9. STREET ADDRESS	
10. CITY & STATE	
11. NAME	
12. STREET ADDRESS	
13. CITY & STATE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. NAME	
21. STREET ADDRESS	
22. CITY & STATE	

1. NAME	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	505 Park Ave
4. CITY & STATE	Satellite Beach, FL 32937
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is, to the best of my knowledge and belief, true and correct, and that I am a resident of the State of Florida. I am familiar with and understand the provisions of Chapter 197, Florida Statutes, and that my name appears in Block 12 of Block 13 of the report as an officer or director of the corporation.

SIGNATURE:

Willie C. Merrell

Willie C. Merrell

27 APRIL 95 (407) 779-1870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR