

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000004316 (2)

1. Corporation Name

HEALTH AND WEALTH NETWORK, INC.



Principal Place of Business

RT. 2, BOX 73B
GRACEVILLE FL 32440

Mailing Address

RT. 2, BOX 73B
GRACEVILLE FL 32440

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3288424

Applied For

Not Applicable

22

State, Apt. #, etc.

27

State, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

FLOURNOY, GLENN
RT. 2, BOX 73B
GRACEVILLE FL 32440

81. Name

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

83

84. City

FL

85. Zip Code

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

Signature type for persons who are not registered agents.

Signature type for registered agents.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| FILE | NAME | STREET ADDRESS | CITY-STATE-ZIP | TITLE | DELETE |
|------|-----------------|-----------------|---------------------|-------|--------------------------|
| DP | FLOURNOY, GLENN | RT. 2, BOX 73B | GRACEVILLE FL 32440 | | <input type="checkbox"/> |
| DV | FLOURNOY, TAMMY | RT. 2, BOX 73B | GRACEVILLE FL 32440 | | <input type="checkbox"/> |
| DST | DUNN, NORMA | 1204 JUDSON ST. | DOTHAN AL 36301 | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-STATE-ZIP | 5. TITLE | 6. NAME | 7. STREET ADDRESS | 8. CITY-STATE-ZIP |
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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 119.07(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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

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

2-22-96

904-263-0038

CR2E034 (12/95)