## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9500007464 (7)

HEALTHY, WEALTHY & WISE, INC.

Principal Place of Business Mailing Address **4526 MEADOW RUN PLACE** 4526 MEADOW RUN PLACE JACKSONVILLE FL 32217 JACKSONVILLE FL 32217-9324 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1995 04/05/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3291266 Not Applicable 26 Suite, Apr. #, etc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAMPA, DEBORAH **4526 MEADOW RUN PLACE** Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 В3 84 City 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. Farm familiar with land accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Sign if in Espect or personal traces of registered agent and fits it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Change 1:108 1.1 TITLE CAMPA, DEBORAH 1.2 NAME **4526 MEADOW RUN PLACE** 1.3 STREET ADDRESS STEEL LADORESS JACKSONVILLE FL 32217 C(IY-S)-20 14 CHTY-ST-ZIP DELETE Addition 21 TITLE Change TITLE 2.2 NAME NAM 2.3 STREET ADDRESS STREET ACCURED 2. 4 CITY-ST-ZIP On Si DELETE ☐ Change Addition THE 3.1 TITLE 3.2 NAME NAME

6.4 CITY-ST-ZIP

14. I do hereby 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 Lan- 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 thock 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5 4 CITY-ST-ZIP

34 CITY-ST-ZIP

4 1 TITLE

4.2 NAME

51 TITLE

52 NAME 53 STREET ADDRESS

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

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SIGNATURE:

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STREET ADDITIONS

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SHATURE AND TYPE OF PRINTED NAME OF SIGNING OF OF A ON DIRECTOR

125/97 239563

Addition

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Mar 05 1997 8:00am

Secretary of State