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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000015858 (0)

	YATERS COUNSELING, INC	•					
Principal Place of Business Mailing Address					d impliment sile kollet mitti adsirt dotti ansist dirac esiddi bitat torat deste ibbet		
10363 BELLTOWER STREET 10363 BELLTOWER STREET SPRING HILL FL 34608 SPRING HILL FL 34608			EET		DO NOT HIDITE IN	TUIO CDACE	
					DO NOT WRITE IN 3. Date incorporated or Qualified	THIS SPACE	
					02/27/1995		
2. Principal Place of Business . 2a. Mailing Address				***	4. FEI Number	Applied For	
27 1455	9 Cortez Blud.	26		59-3299168	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	• ~.	City & State		6. Election Campaign Financing	\$5.00 May Be		
23 Brook	sville, FL	28		Trust Fund Contribution			
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid t		
24 3461		29			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren	Registered Agent	B1	T 11	10. Name and Address of New Regis	tered Agent	
TR/	AMMEL, GREGORY D		P	Name			
10363 BELLTOWER STREET Spring Hill Fl 34608			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83	 			
			84	City		FI 85 Zip Code	
11. Pursuant I	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	tes, the abov	re-named cor	poration submits this statement for the purp		
SIGNATURE	m familiar with, and accept the obligation of th				poration submits this statement for the purp tion's board of directors. I hereby accept the	DATE	
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
TITLE	PTSD	DELETE	1.1 THLE			Change Addition	
NAME (1.2 NAME				
STREET ADDRESS	10363 BELLTOWER ST.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			
TITLE	_		2.1 TITLE			Change Addition	
NAME			2.2 NAME			;	
STREET ADDRESS		1		T ADDRESS			
CITY+ST-ZIP		DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		Change Addition	
NAME		L. DELETE	3.2 NAME			C Ollarige C Modifier	
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME	1			
STREET ADDRESS				「ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST - 7IP			

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 changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

DELETE

4/12/00

Addition

FILED

Apr 17 1998 8:00am

Secretary of State