

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017074

1. Corporation Name

THE HEALTHY HOME CENTER, INC.

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90066 022 ***150.00



Principal Place of Business

1403-A CLEVELAND ST
CLEARWATER FL 33755
US

Mailing Address

1403-A CLEVELAND ST
CLEARWATER FL 33755
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1995

4. FEI Number

59-3304149

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

INGRAM, KAREN R.
1485 CLEVELAND STREET
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name Ingram, Karen R.
82 Street Address P.O. Box Number is Not Acceptable
116 S. Glenwood Ave.
83
84 City Clearwater FL 85 Zip Code 33755

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

Karen Ingram, Karen Ingram, President 4/10/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS
NAME INGRAM, KAREN
STREET ADDRESS 1485 CLEVELAND STREET
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE PVS
1.2 NAME Ingram, Karen
1.3 STREET ADDRESS 116 S. Glenwood Ave.
1.4 CITY-ST-ZIP Clearwater, FL 33755

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

Karen Ingram, Karen Ingram, President

Date

Daytime Phone #

CR2E034 (1/1/98)