

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT -5 AM 9:34

DOCUMENT # P95000019527 (7)

1. Corporation Name
HEALTHY BEGINNINGS, INC.

Principal Place of Business
533 COLLINS DRIVE
TALLAHASSEE FL 32303

Mailing Address
533 COLLINS DRIVE
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/1995

4. FEI Number
NOT APPLICABLE

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYE, BETH C
533 COLLINS DRIVE
TALLAHASSEE FL 32303

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DYE, BETH C
533 COLLINS DRIVE
TALLAHASSEE FL 32303

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DYE, RON W
533 COLLINS DRIVE
TALLAHASSEE FL 32303

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

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.

SIGNATURE:

Signature of Registered Agent

4/10/98

982-7036

Healthy Beginnings, Inc.

August 31, 1998

Florida Dept. of State
Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I have received a "2nd Notice" from your Department indicating that the 1998 Annual Report was not received. I immediately called your office and one of your staff members verified that they still did not have the 1998 filing. This is considerably distressing since it was filed and I have a copy of that filing along with a copy of the check that was sent on Tuesday, April 14, 1998. I remember this day well since ironically it was the same day I mailed my IRS packet to Atlanta and was in a bad car accident right in front of the post office I mailed it from.

I have since checked with my bank and the annual filing fee check for \$150 has still not cleared. I also checked with the Centerville post office to see if they had a lost and found section for unidentified mail. I have no idea where the annual report with the check is at this point, but I must presume lost somewhere between the Centerville Road post office and your Department's mailroom. I was willing to stop payment on the first check and send another \$150 with my copy of the annual report I have here, however, your office indicated I should not do that without writing first. She basically informed me that that the lost report was my problem and I would be liable for the 2nd notice fee of \$550. She did indicate that I could write to dispute if I wished to.

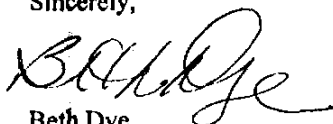
I am writing now to request one of two things. Because of my past good record of filing and enclosed proof of the 1998 filing please consider one of the following:

1. Allow resubmission of a copy of the 1998 annual report and original filing fee of \$150 or
2. Accept the enclosed Articles of Dissolution.

This was a business designed to run childbirth classes on weekends at various beach locations around the Florida Northern Gulf Coast area. Due to lack of support and/or interest our corporation never commenced active business since its incorporation on March 9, 1995. I kept the corporation active and filed each year timely as I was required with the hope that in time the idea would catch on. Unfortunately, there was little support from local Obstetrician's and little interest in this area from consumers. With that in mind, paying a 2nd notice fee of \$550. is a personal burden for a company that never began active business or earned a penny. However, I still believe in the idea, which is why I still would like you to consider the first request for resubmission. As part of your consideration process, I am enclosing a copy of my original check and the Annual Report that was sent back in April. However, if your Department cannot accept my first request, please find enclosed Articles of Dissolution in accordance with section 607.1401, Florida Statutes.

Thank you for your consideration. Please let me know as soon as possible if my request has been accepted and a new check will be issued to replace the lost one, or if the request is denied and the Articles of Dissolution are accepted then a check for \$35 filing fee will be forwarded. I can be reached at (850)922-7036 or by mail at - P.O. Box 14321, Tallahassee, FL 32317.

Sincerely,



Beth Dye
President
Healthy Beginnings, Inc.

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