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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90107 021 \*\*\*150.00

	1999	DIVISION OF C	ORPORATION	NS	03-05-1999 9010	07 021 ***150.	.00
	MENT # P9500	0047538					
	IAL GROWTH COUNSELIN	IG, INC.					
						(2) <b>(6)</b> (1) <b>(1) (1) (1) (1) (1)</b> (1) <b>(1) (1) (1) (1) (1)</b>	<u>a jij</u> el (al) ( <b>a.</b> )
Principal Place	e of Business	Mailing Address					N (Mat Hell Helt
PERSONAL GROWTH COUNSELING 113 CITHIA PINECREST RD.							
A A BRANDON FL 33511 BRANDON FL 33511 US US					DO NOT WRITE I	N THIS SPACE	
					3. Date Incorporated or Qualifed		
					06/15/1995		
	lace of Business	2a. Mailing Address 26 //3 Liffing Pin	a sace Ro	d.	4. FEI Number 65-0597137	<del>  </del>	pplied For ot Applicable
21 1/3 <u>L</u> Suite, Apt.	Jithia Princerest Rd	26 // ////// 717/ Suite, Apt. #, etc.	COLEM- V		1	\$8.75	Additional
22 Sunt	•	27			5. Certifcate of Status Desired	,	equired
City & Stat		City & State			6. Election Campaign Financing		May Be
23		28	Country	_	Trust Fund Contribution	Added	to Fees
Zip 24	Country 25	Zip	Country 30		This corporation owes the current y     Personal Property Tax.	year intangible Yes	□No
41	9. Name and Address of Curr		301	_	10. Name and Address of New Regi	stered Agent	_
			81	Name	de Treade G		
DRAWDY, JOSEPH G 341 EAST ROBERTSON STREET BRANDON FL 33511				Street Addre	ss (R.O. Box Number is Not Acceptable)	7. 4	
					11thia Pinecrest Pol ~ Su	102 H	
DIVI	NDON LF 22211		83				
			84	City 3m	ndon, te:		Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statute	s, the above-r	amed corno	ration submits this statement for the pure	oose of changing its	s registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Hiorida. Such change was au	ilnonzed by th	e corporation	's board of directors. I hereby accept the	appointment as re	agistered
SIGNATURE	,,,,,						
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent s	ignature required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
12. TITLE	D	DELETE	1.1 TITLE		ADDITIONOL ANTOLO TO C. L. I.C.	Change	
NAME	DRAWDY, JOSEPH G	_	1.2 NAME				
STREET ADDRESS	113 LITHIA PINECREST RD.,	SUITE A	1.3 STREET AL	DORESS			
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-2	ZIP			
TITLE		☐ DELETE	2.1 TITLE	_		☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET A				
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-	ZIP	<del></del>	☐ Change	Addition
TITLE		□ pere≀e	3.1 TILE 3.2 NAME			gv	
NAME STREET ADDRESS			3.3 STREET A	DDRESS			
CITY-ST-ZIP			3.4. CITY-ST-				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	DORESS			
CITY-\$T-ZIP			4.4 CITY-ST-2	ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				☐ A000001
NAME			5.3 STREET A	DORESS			•
STREET ADDRESS			5.4 CITY-ST-2	l l			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	<del>` </del>	· · · · · · · · · · · · · · · · · · ·	Change	Addition
		-	6.2 NAME				

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 chapter 607, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS