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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053815 (3)

1. Corporation Name

A SPEECH, HEARING & STRESS CLINIC, INC.

Principal Place of Business

Mailing Address

4235 57TH AVENUE NORTH
ST. PETERSBURG FL 33714

4235 57TH AVENUE NORTH
ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1995

4. FEI Number

59-3323352

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

21 3851 62nd Ave N
Suite, Apt. #, etc.

22 Su A

23 Pinellas Park FL
City & State

24 33781
Zip

25 Pinellas
Country

2a. Mailing Address

26 3851 62nd Ave N
Suite, Apt. #, etc.

27 Su A

28 Pinellas Park FL
City & State

29 33781
Zip

30 Pinellas
Country

9. Name and Address of Current Registered Agent

SHELBY, RONALD J.
6550 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710

81 Name

Same

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

3851 62nd Ave N

83 Su A

84 City
Pinellas Park

FL

85 Zip Code

33781

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME D
STREET ADDRESS SHELBY, RONALD J
CITY-ST-ZIP 6550 1ST AVENUE NORTH
ST. PETERSBURG FL 33710

TITLE ☐ DELETE

NAME ST
STREET ADDRESS REED, H. GAIL
CITY-ST-ZIP 4235 57TH AVENUE N
ST. PETERSBURG FL 33714

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Same
1.3 STREET ADDRESS 3851 62nd Ave N, Su A
1.4 CITY-ST-ZIP Pinellas Park FL 33781

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

CR2E034 (10/97)