

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

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97 AUG -4 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000054611 (5)

1. Corporation Name
HIS DESTINY, INC.



Principal Place of Business: **10500 ULMERTON ROAD #506 LARGO FL 34641**
Mailing Address: **10500 ULMERTON ROAD #506 LARGO FL 34641**

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | 33771 | 29 | 33771 |
| 25 | Country | 30 | Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/10/1895 | 3a. Date of Last Report 05/21/1996 |
| 4. FEI Number 59-3325063 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

BAREFOOT, JOSEPH W
1071 LEXINGTON CT
LARGO FL 34641 33771

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | | | |
|----------------|----------------------|------|----------------------|---------|
| TITLE | PD | NAME | BAREFOOT, JOSEPH W | DELETED |
| STREET ADDRESS | 1071 LEXINGTON CT | | | |
| CITY-ST-ZIP | LARGO FL 34641 33771 | | | |
| TITLE | VTD | NAME | BAREFOOT, PATRICIA A | DELETED |
| STREET ADDRESS | 1071 LEXINGTON CT | | | |
| CITY-ST-ZIP | LARGO FL 34641 33771 | | | |
| TITLE | | NAME | | DELETED |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | NAME | | DELETED |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

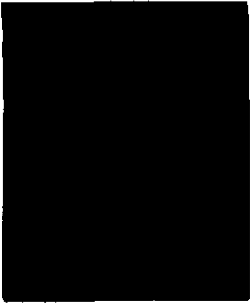
900002261949-08
-08/07/97--01101--004
****165.00 ****165.00

Handwritten signature and date: B-6-97

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 7/21/97 813.585-3133

CR2E034 (4/97)



PETLAND LARGO
10500 ULMERTON RD., STE. 506
LARGO, FLORIDA 34641
• (813) 585-3133
FAX (813) 585-2442

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JULY 31, 1997

DIVISION OF CORPORATIONS
ATTN: ANNUAL REPORTS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I AM WRITING THIS LETTER AS A RESULT OF RECEIVING A "2ND NOTICE" BILLING FOR OUR 1997 CORPORATION ANNUAL REPORT. AS PER MY PHONE CONVERSATION WITH TAMMY YESTERDAY, I NEVER RECEIVED THE FIRST NOTICE OF BILLING FROM YOUR DEPARTMENT. MY 1ST NOTICE WAS THE 2ND NOTICE WHICH I HAVE COMPLETED CHANGES TO AND HAVE SIGNED. SINCE THIS WAS MY FIRST NOTICE, I AM ASKING THAT THE PENALTY FEE BE WAVED FOR NOT SENDING MY FEE IN ON TIME. AS SUCH, I AM ENCLOSING A CHECK FOR \$165.00.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

RESPECTFULLY,

A handwritten signature in cursive script that reads "Patricia A. Barefoot".

PATRICIA A. BAREFOOT