

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 # P95000082588

1. Corporation Name

REHAB AND INDUSTRIAL COUNSELING OFFICES, INC.

Principal Place of Business

1840 W. COLONIAL DRIVE
ORLANDO FL 32804
US

Mailing Address

P.O. BOX 721423
ORLANDO FL 32804
US

2. Principal Place of Business

21 1820 W. COLONIAL DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 721423
Suite, Apt. #, etc.

City & State

23 ORLANDO FL
Zip 32804 Country USA

City & State

28 ORLANDO, FL
Zip 32872 Country USA

3. Date Incorporated or Qualified

10/26/1995

4. FEI Number

59-3347998

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

SPITZNAGEL-WHITE, MARY JO
3137 STONECASTLE ROAD
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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 D ☐ DELETE

NAME SPITZNAGEL-WHITE, MARY JO
STREET ADDRESS 3137 STONECASTLE ROAD
CITY-ST-ZIP ORLANDO FL 32822

TITLE V ☐ DELETE

NAME WHITE, HOLLAND JR
STREET ADDRESS 3137 STONECASTLE ROAD
CITY-ST-ZIP ORLANDO FL 32822

TITLE VP ☐ DELETE

NAME DELALLY, TRACIE
STREET ADDRESS 1000 STEVENS ENTRY #5212
CITY-ST-ZIP PEACHTREE CITY GA 30269

TITLE T ☐ DELETE

NAME BRANHARDT, RICHARD
STREET ADDRESS 3381 COE AVE
CITY-ST-ZIP ORLANDO FL 32806

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99

(407) 422-4346

CR2E034 (1/1/98)

015104

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90165 024 ***158.75



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