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 # **P9600001735**

PATTISON PROFESSIONAL COUNSELING CENTER, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90143 002 ***150.00



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Principal Plac		Mailing Address					
156 ALABAMA STREET 156 ALABAMA STREET CRESTVIEW PL 32536 CRESTVIEW FL 32536					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/02/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	TA	pplied For
21 240	TE OAKDALE AVE	26 SAME	•		59-3351858	\vdash	lot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required		
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
23 CR	STTVIEN FL.	28	Country		Trust Fund Contribution	Added	I to Fees
Zip	Country	Zip	, ·	•	8. This corporation owes the current year Intanging Personal Property Tax.	rbie Yes	No
24 32 5	9. Name and Address of Current	29 30	L		10. Name and Address of New Registered Age		
		valisieian Wlaiir	81	Name	Traine till radiose of team rogistated rigo		
PATTISON, DONALD O 156-ALABAMA STREET- CRESTVIEW FL-32536			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83				
cl	STHEN FL 32536 A S OAKDRUS AND EST VISHU FL. \$253	5	84	1	FL)		Code
nffice or r	registered agent, or both, in the State of am familia with, and accept the obligation	f Florida. Such change was authons of, Section 607.0505, Florida	orized by Statutes	the corporat	poration submits this statement for the purpose of cha ion's board of directors. I hereby accept the appointment	ent as r	egistered
	Signature, typed or printed name of registered agent		gistered Age	nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	DIRECT	ORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	·] Change	
TITLE	D PATTISON, DONALD O	- Dece 12	1.2 NAME		<u>.</u>	. 5-	_
NAME	ACA ILLEANIA ATRECT			TADORESS			
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NAME	,		6.2 NAME				
STREET ADDRESS				TADORESS			
1 ' ' ' '	age at the same of		SACTV C	T_7ID !			

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

4/8/99 850 8632873
Date Date Daytime Phone #