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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000004748 (5)

1. Corporation Name

AMERICAN BETTER LIVING OF FLORIDA, INC.

Principal Place of Business

506 CENTRAL AVE
CRESCENT CITY FL 32113

Mailing Address

P O BOX 311
CRESCENT CITY FL 32112-0311



3. Date Incorporated or Qualified

01/09/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 2095 US 17 N

Suite, Apt. #, etc.

22 City & State

23 Seville, FL

24 Zip

32190

Country

25 USA

2a. Mailing Address

26 P.O. Box 453

Suite, Apt. #, etc.

27 City & State

28 Seville, FL

29 Zip

32190

Country

30 USA

4. FEI Number

59-3360898

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

STEWART, VIRGINIA
224 PALM AVE
CRESCENT CITY FL 32112

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 ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
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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 P ☒ Change ☐ Addition
1.2 NAME Sheryl L. Strobel
1.3 STREET ADDRESS 718 N. Prospect St.
1.4 CITY - ST - ZIP Crescent City, FL 32112

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME John H. Stewart Jr.
2.3 STREET ADDRESS 224 Palm Ave.
2.4 CITY - ST - ZIP Crescent City, FL 32112

3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME Todd L. Strobel
3.3 STREET ADDRESS 718 N. Prospect St.
3.4 CITY - ST - ZIP Crescent City, FL 32112

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 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 included 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:

Sheryl L. Strobel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

Date

(904) 749-1130

Daytime Phone #

CR2E034 (9/96)