## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000024914 (9)

JENNIFER CLAUSON, M.S.W., P.A.

Principal Place	of Business	Mailing Address				
906 MAR WA	LT DRIVE	806 MAR WALT DRIVE				
G FT WALTON BEACH FL 32547		G FT WALTON BEACH FL 32547		DO NOT WE	DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifie		
				03/15/1996		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 228_	Brooks St. SE	26 228 8500	iks St. SE	59-3368318	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 SUITEA		27 StC 17		b. Certificate of Statos Desired	Fee Required	
city & State 23 Ft. Walton Bch, Fla		28 Ff. Walton Ech, Fla		6. Election Campaign Financing	Election Campaign Financing \$5.00 May Be	
					Added to Fees	
Zip 32 5	Country '	7ip 29 32548	Country	8. This corporation owes or has	paid the current year Intangible	
24 Ja 5	9. Name and Address of Current		30 OKaloas	Personal Property Tax due Ji  10. Name and Address of New		
CLA	USON, JENNIFER	Hohieraren Wheter	81 Name	······································	Hagisteled Agent	
906-C MAR WALT DR						
FT WALTON BEACH FL 32547			82 Street	Address (P.O. Box Number is Not Accep	otable)	
• • • • • • • • • • • • • • • • • • • •	TACTON BEAGIT I'C 02041		83			
	•					
			<b>84</b> City		FL 85 Zip Code	
11. Pursuant to	the provisions of Sections 607.0502	and 607, 1508. Florida Statute	s, the above-named	corporation submits this statement for th		
office or re	gistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au	uthorized by the cor	poration's board of directors. I hereby ac	cept the appointment as registered	
_	Tradillar with, and accept the obligat	ablis of, dection bor.goog, Floi	ijua Statutes.			
SIGNATURE 5	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)	DATE	
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	Clauson Jennifer	→ Change   Addition	
NAME	CLAUSON, JENNIFER		1.2 NAME	228 Brooks Street S	e stea	
STREET ADDRESS	906-C MAR WALT DR		1.3 STREET ADDRESS	Ft. Walton Bch, Fla	25547	
CITY-ST-ZIP	FT WALTON BEACH FL 32547		1.4 CITY - ST - ZIP	FT. W. I. I. C. C.		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change  Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	]		
CITY-ST-ZIP		100000	4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DEFE1E	6.1 TITLE	1	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.4 CITY-ST-ZIP			
14. I hereby ce	artify that the information supplied with on this annual report or suppliemental.	n this filing does not qualify for annual report is true and accu	the exemption state trate and that my sin	ed in Section 119.07(3)(i), Florida Statutes gnature shall have the same legal effect a	<ol> <li>I turther certify that the information is is if made under path; that I am an</li> </ol>	
officer or d	irector of the corporation or the recei-	ver or trustee empowered to ex	xecute this report as	s required by Chapter 607, Florida Statute	es; and that my name appears in	
Block 12 of	r Block 13 if changed, or on an attact	nment with an address.	<b></b> .	_	_	

Clauson MC12PA

1-20-90

(OSD) 201-0446