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May 08 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 # P96000030904 (2)

1. Corporation Name
DIABETIC SUPPLY PROGRAM, INC.

Principal Place of Business

6254 POWERS AVENUE
SUITE 528
JACKSONVILLE FL 32217

Mailing Address

6254 POWERS AVENUE
SUITE 528
JACKSONVILLE FL 32217-2276

2. Principal Place of Business

21 5121 BOWEN RD

Suite, Apt. #, etc.

22 #308

City & State

23 JACKSONVILLE FL

Zip

24 32216-

Country

25 USA

2a. Mailing Address

26 P.O. Box 5159

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE FL

Zip

29 32247

Country

30

3. Date Incorporated or Qualified

04/09/1996

3a. Date of Last Report

4. FEI Number

59-3371478

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

HELOQUIST, EDWARD T
6254 POWERS AVENUE
SUITE 528
JACKSONVILLE FL 32217

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 *Edward T. Helquist*

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HELOQUIST, EDWARD T
6254 POWERS AVENUE, #528
JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
WHITE, JOHN H
6254 POWERS AVENUE, #528
JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD T. HELOQUIST

4-17-97 904-448-9450

Date

Daytime Phone #

CR2E034 (9/96)