

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

FILED

Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P96000030904 (2)**

1. Corporation Name

**DIABETIC SUPPLY PROGRAM, INC.**



Principal Place of Business

**5121 BOWDEN RD  
#308  
JACKSONVILLE FL 32216  
US**

Mailing Address

**P.O. BOX 5159  
JACKSONVILLE FL 32247  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>5121 BOWDEN RD</b>		26 <b>P.O. BOX 5159</b>		04/09/1996	
22 <b>#308</b>		27 <b>JACKSONVILLE FL 32247</b>		4. FEI Number	
23 <b>JACKSONVILLE, FL</b>		28 <b>US</b>		59-3371478	
24 <b>32216</b>		25 <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 <b>32216</b>		27 <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 <b>32216</b>		29 <b>US</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 <b>HELQUIST, EDWARD T</b>		81 <b>EDWARD T. HELQUIST</b>	
82 <b>6254 POWERS AVENUE</b>		82 <b>6851 CABALLERO DR</b>	
83 <b>SUITE 528</b>		83 <b>JACKSONVILLE</b>	
84 <b>JACKSONVILLE FL 32217</b>		84 <b>FL 32217</b>	

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** **EDWARD T. HELQUIST** **1-20-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<b>(SAME)</b>
NAME	<b>HELQUIST, EDWARD T</b>	1.2 NAME	<b>(SAME)</b>
STREET ADDRESS	<b>6254 POWERS AVENUE, #528</b>	1.3 STREET ADDRESS	<b>6851 CABALLERO DR</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>
TITLE	<b>VSD</b>	2.1 TITLE	<b>(SAME)</b>
NAME	<b>WHITE, JOHN H</b>	2.2 NAME	<b>(SAME)</b>
STREET ADDRESS	<b>6254 POWERS AVENUE, #528</b>	2.3 STREET ADDRESS	<b>429 2ND AVE N.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Edward T. Helquist** **EDWARD T. HELQUIST** **1-20-98**  
**504-448-0157**

CR2E034 (10/97)