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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031388 (7)

ON YOUR OWN, INC.

Suite, Apt. #, etc.

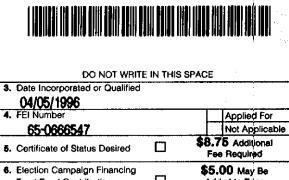
City & State

Principal Place of Business	Mailing Address		
5109 ERIE RD PARRISH FL 34219	5109 ERIE RD Parrish FL 34218		
2. Principal Place of Business	2a. Mailing Address		

Suite, Apt. #, etc.

City & State

**FILED** Mar 19 1998 8:00am Secretary of State



3		28				Trust Fund Contribution		Added to Fees		
Zip	Country 25	Zip 29	30 Cou	ountry		8. This corporation owes or has paid the current/year intangible Personal Property Tax due June 30. 📝 Yes 🔲 No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
Hamon HINTON, CHERYL 5109 ERIE RD PARRISH FL 34219			81	Name						
				82	Street Address	s (P.O. Box Number is Not Acceptable	le)			
				83					. ,	
				84	City		FL	5 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 registored 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, typed or printed name of registered agont and title if applicable (NOTE R	egistered Agent signature	required when rainstating) DATE	-		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR		
TITLE	☐ DELĒTE	1.1 TITLE	0	Change	☐ Addi	lition 3
NAME	CHARMON HINTON, CHERYL	1.2 NAME	LORREGT VASACONE			la
STREET ADDRESS	5109 ERIE ROAD	1.3 STREET ADORESS	LORREST SPENCES			18
CITY-ST-ZIP	PARRISH FL	1.4 CITY-ST-ZIP	MAMON		:	8
TITLE	☐ DELETE	2.1 TITLE		☐ Change	Add	lillon (
NAME		2.2 NAME				
STREET ADDRESS		23 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Add	lition
HAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				- 1
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Add	lition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				1
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		Change	Add	lition
NAME		5.2 NAME	·			
STREET ADDRESS		5.3 STREET ADDRESS		٠.		
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		Change	Add	ltion
NAME		6.2 NAME		*		-
STREET ADDRESS		6.3 STREET ADDRESS				-
		- (				

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

SIGNATURE: