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

**PROFIT** CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000078218 (0) **DOCUMENT #**1. Corporation Name

JOSEY PLAN SERVICES, INC.

Principal Place of Business Mailing Address 1132 N. FERDON BLVD. 1132 N. FERDON BLVD. CRESTVIEW FL 32536 CRESTVIEW FL 32536 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3409319 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CADENHEAD, CHRIS Name 420 E. PINE AVE. Street Address (P.O. Box Number is Not Acceptable) **CRESTVIEW FL 32539** 83 Zip Code 85 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 reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. President TITLE DELETE 1.1 TITLE Change Addition JSOEY, KEVIN M NAME Josey, Kevin M. 1.2 NAME 1000 BILL LUNDY RD. (7 107 OVERMEW DR STREET ADDRESS 1.3 STREET ADDRESS CRESTVIEW FL CITY - ST - ZIP Crestview, FL 32536 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME **STREET ADDRESS** 2.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the examption 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 based empowered to except this aport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attach my with an address.

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

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SIGNATURE:

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(850)682-6012

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**FILED** 

Apr 09 1998 8:00am

Secretary of State