

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

FILED

98 MAR -9 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1

PROFIT CORPORATION ANNUAL REPORT 1997/ 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

Health InFacts, Inc.

Principal Place of Business

Mailing Address

37114 CR#452  
Grand Island, FL 32735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/96

2. Principal Place of Business  
21 37114 CR#452  
Grand Island, FL

2a. Mailing Address  
26 P. O. Box 887  
Mt. Dora, FL

4. FEI Number  
59-3418456

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NA  
City & State

27 NA  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 Grand Island

28 Mt. Dora, FL 32775-0886

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 32735

Country  
USA

29 32775-0886

Country  
USA

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

Laura A. Clark  
37114 CR #452  
Grand Island, FL 32735-0611

81 Name  
Maxine L. Moon

82 Street Address (P.O. Box Number is Not Acceptable)  
1025 Park Avenue North

83

84 City  
Tavares

FL

85 Zip Code  
32778

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 Maxine L. Moon, Vice-President

*Maxine Moon*

02/26/98

Signature, type or print last name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President  
NAME Laura A. Clark  
STREET ADDRESS 37114 CR#452  
CITY-ST-ZIP Grand Island, FL 32735

TITLE Vice-President  
NAME Maxine L. Moon  
STREET ADDRESS 1025 Park Avenue North  
CITY-ST-ZIP Tavares, FL 32778

TITLE Secretary-Treasurer  
NAME Theodore C. Clark  
STREET ADDRESS 37114 CR#452  
CITY-ST-ZIP Grand Island, FL 32735

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: Laura A. Clark

02/26/98

352-483-0785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1097)

## Health InFacts, Inc.

P.O. Box 887  
Mount Dora, Florida 32757-0886  
March 3, 1998

Telephone/Fax (352) 589-1699  
E-Mail hlthlnfax@aol.com

Shawn Logan, Document Specialist  
Annual Reports Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Annual Reports/Reinstatement of Corporation  
Health InFacts, Inc.: FEI: 59-3418456

Dear Mr. Logan:

I am directing this correspondence to your attention since you provided guidance in correcting our Annual Report situation.

The following summarizes some of our contacts and to confirm that we have never received any correspondence regarding Annual Reports filings from the Florida Department of State. As mentioned, we have had no problem in our correspondence with the IRS or the Florida Department of Revenue.

- \* Incorporation forms filed 10/14/96. No correspondence received regarding Annual Reports filing.
- \* Mid-January, 1998, contacted Annual Reports section regarding the above. Requested Annual Reports forms. A "Steve F." stated that they had been mailed, and we would receive forms by mid-February.
- \* No forms received by mid-February. Contacted "T. Brumbley" who stated our corporation had been "dissolved." Requested that she send forms for reporting which have been received.
- \* Contacted you on 2/25/98. Procedures provided and advice for future timeliness for receipt of forms given.

Enclosed is a check in the amount of \$315.00 for the 1997 and 1998 Annual Reports filing fees, as instructed by you. By way of this letter, this should rescind the "dissolution" of our corporation, per your instructions.

I cannot begin to thank you enough for bringing closure to this situation and have advised the Secretary of your efficiency and ability to provide answers.

Sincerely,



Laura A. Clark  
President