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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000090975 (9)

ASSIST-A-LIFT, INC.

FILED Jan 26 1998 8:00am Secretary of State

|--|--|--|--|

| Principal Place | e of Business | Mailing Address | | | | I (MBSSOUR) TON LINCEN DESSENDATION OF STATE SUBSISTING LINCEN WATER THAT I HERBY MAIN INCOL |
|---|--|---|----------------------------|--------------|--|--|
| 1611 EIGHTEENTH AVENUE DRIVE EAST 1611 EIGHTEENTH AVENUE DRIVE EAST PALMETTO FL 34221-6503 PALMETTO FL 34221-6503 | | ST . | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date incorporated or Qualified |
| 1 | | | | | | 11/05/1996 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 65-0711212 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired |
| City & State | 3 | City & State | | | | Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution |
| Zip | Country | Zip | | Country | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | 30 | | Personal Property Tax due June 30. Yes No |
| | g. Name and Address of Curr | ent Registered Agent | | 94 | Manage | 10. Name and Address of New Registered Agent |
| ļ WE | LLS, F.M. JR | | [| 81 | Name | |
| 4911 PARK STREET NORTH ST. PETERSBURG FL 33709 | | | 82 | Street Addre | ress (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | | |
| | | | i | 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 | | | | | | red when reinstating) DATE |
| | Signature, typed or printed name of registered | agent and title if applicable. (N ND DIRECTORS | JTE: Registered | Ager | nt signature require | red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PSTD | DELETE | 1,1 TIT | 1 F | r | Change Addition |
| NAME | HUTCHESON, JUNE C | <u></u> | 1.2 NA | | ŀ | _ · _ |
| STREET ADDRESS | 1611 EIGHTEENTH AVENU | F DRIVE FAST | B | | ADDRESS | |
| CITY-ST-ZIP | PALMETTO FL 34221-6503 | E DIAVE ENOT | 1,4 CIT | | I | |
| TITLE | I ALMETTO 12 04221-0000 | DELETE | 2.1 TIT | | -21 | ☐ Change ☐ Addition |
| NAME | | | 2.2 NA | | | _ - |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | 2.4 CF | | | |
| TITLE | | DELETE | 3.1 TIT | | 1-211 | ☐ Change ☐ Addition |
| NAME | | | 3.2 NA | | | _ · · _ |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | 3.4. CI | | ŀ | |
| TITLE | | DELETE | 4.1 TiT | | | Change Addition |
| NAME | | | 4. 2 NA | | | |
| STREET ADDRESS | | | 4.3 ST | REET / | ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CIT | | ŀ | |
| TITLE | | DELETE | 5.1 TIT | | | Change Addition |
| NAME | | | 5.2 NA | ME | | |
| STREET ADDRESS | | | 5.3 ST | REET / | ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CIT | | | |
| TITLE | | DELETE | 6.1 TiT | | | Change Addition |
| NAME | | | 6.2 NA | ME | | |
| STREET ADDRESS | | | 6.3 ST | REET / | ADDRESS | |
| CITY-ST-ZIP | | | 6,4 CIT | | į. | |
| | ortify that the information supplied | with this filling dose not qualify | | | | Section 119 07/310). Florida Statutes, Lighther certify that the information |

I nereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(3), Florida Statutes. 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.