

First and Only Notice in 1999.

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000090975**

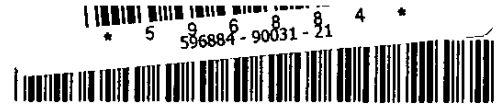
1. Corporation Name  
**ASSIST-A-LIFT, INC.**

Principal Place of Business  
**1611 EIGHTEENTH AVENUE DRIVE EAST  
PALMETTO FL 34221-6503**

Mailing Address  
**1611 EIGHTEENTH AVENUE DRIVE EAST  
PALMETTO FL 34221-6503**

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90031 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/05/1996**

4. FEI Number  
**65-0711212**

Applied For  
☐ Not Applicable

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

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

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

**WELLS, F.M. JR  
4911 PARK STREET NORTH  
ST. PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE  
NAME **HUTCHESON, JUNE C**  
STREET ADDRESS **1611 EIGHTEENTH AVENUE DRIVE EAST**  
CITY-ST-ZIP **PALMETTO FL 34221-6503**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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: **June C Hutcherson** **7/12/99** **941-723-2007**

CR2E034 (5/99)

596884-90031-21  
P 96 0000 90975

# FLORIDA DEPARTMENT OF STATE



## 1999 PROFIT CORPORATION ANNUAL REPORT PACKET

**\* FILE NOW. FILING FEE IS \$550.00 \***

THE LAW MAKES NO PROVISION FOR ANY EXTENSION OF TIME FOR THE  
FILING OF THE CORPORATION ANNUAL REPORT  
OR FOR WAIVING THE REINSTATEMENT FEE.

**IMPORTANT NOTICE:** This will serve as your 60 days notice that your corporation will be administratively dissolved and an additional \$600 will be due if this annual report has not been properly filed and the appropriate fee paid by September 15, 1999. ALL REPORTS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS WILL NOT BE FILED AND WILL BE RETURNED FOR CORRECTION(S). THE CORRECTED REPORT MUST BE RETURNED WITHIN 30 DAYS.

This notice is being given to all corporations that have not filed their 1999 annual report as of June 11, 1999. If you feel your report and this notice have crossed in the mail, you may call (850) 488-9000 to verify the filing. You may disregard this notice if the 1999 annual report has been filed.

# DIVISION OF CORPORATIONS

*7/12/99 - 2ND NOTICE  
This is the First  
and ONLY copy I have  
received this year.  
Enclosed check # 0502 for  
\$150.00 Annual Report.  
June C. Hutcherson*