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 # P97000011374 (0)

MARY R. APPLEBY, L.M.T., P.A.

Principal Place of Business

Mailing Address

150.00

FILED May 13 1998 8:00am Secretary of State



4114 HERSCHEL STREET JACKSONVILLE FL 32210		4114 HERSCHEL STREET JACKSONVILLE FL 32210								
	•						DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SP	ACE	
							01/29/1997			
2. Principal Pla	ice of Business	2a, Mailing Address	2a. Mailing Address			ψ	4. FEI Number			plied For
21		26					593436105			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27	<u> </u>				3 .		Fee Re	quired
City & State		City & State					6, Election Campaign Financing	_	\$5.00	May Be
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country		Cou	ntry			8. This corporation owes or has pa			
24	252930			Personal Property Tax due June 30. Yes					No No	
g. Name and Address of Current Registered Agent						1	10. Name and Address of New Re	gistered Ac	jent	
	LEBY, MARY R		81 Name							1
4114	HERSCHEL STREET		82 Street A			Idress	(P.O. Box Number is Not Acceptab	ole)		
JAC	KSONVILLE FL 32210						· · · · · · · · · · · · · · · · · · ·	<u> </u>		
			ĺ	83						
				84	Oite				85 Zip C	2040
				84	City			FL	85 Zip C	-00e
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										s registered registered
SIGNATURE _										
	lignature, type for printed name of registers a sec	«Land title if applicable (NO	L: Registered	Agent	signature req	doited w	vhen reinstaling)	DATE		
12.	OFFICERS AN	·	13.			—	ADDITIONS/CHANGES TO OFFICE	CERS AND [DIRECTOR	S IN 12
TITLE	U	DELETE	1.1 703	LE		IVE	LEBY, MARY R. NERSCHEL ST.	<i>)</i> 2		☐ Addition
NAME	APPLEBY, MARYA R		1.2 NAME			وحرماه	LEBY, MARKY CT			
STREET ADDRESS	4191 SAN JUAN AVENUE		1.3 STREET ADDRESS			1114	NERSCHEL 31.			
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP		ZIP J	INCK	SUNVILLE,7L. 32210			
TITLE		DELFTE	2.1 TII	LE		•		L.	Change	Addition
NAME			2.2 NA	ME						
STREET ADDRESS			2.3 ST	REET A	DDRESS					
CITY-ST-ZIP			2 4 CI	TY-ST	- ZIP		·.	23/25		
TITLE		DELETE	3.1 TIT	LE				· 'Ľ	Change	Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET A	DDRESS					
CITY-ST-ZIP				TY-ST	1					
TITLE		DELETE	4.1 717				·		Change	Addition
NAME			4.2 N						_ •	
					DODECC					
STREET ADDRESS					DDRESS					
CITY-ST-ZIP TITLE		DELETE		IY-\$T-	ZIP				Change	Addition
								_	Onlingo	
NAME			5.2 NA							
STREET ADDRESS					DDRESS					
CITY-ST-ZIP		T 55,5		IY-ST-	ZIP				100000	1,2291
TITLE		☐ DELETE	6.1 Til	LE				L	Change	☐ Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 \$1	REET A	DDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZI							
14 hereby or	erlify that the information supplied w	ath this filing does not qualify t	for the exc	motic	on stated	in Sec	ction 119.07(3)(i). Florida Statutes, I	further cert	fy that the	information

4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in section 119.0 (3)(i), Florida Statutes. Fluttine 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 frustee 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.

2011 PA 11 Sp T PA 14/22/9