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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000107460 1. Corporation Name

NU PATH, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90176 025 \*\*\*150.00



Principal Place of Business
CRYSTAL RIVER FL 34428  CRYSTAL RIVER FL 34428  CRYSTAL RIVER FL 34428  2. Principal Place of Business 2. Amilling Address 2. Mailling Address 3. Date Incorporated or Qualifed 12/22/1997  2. Principal Place of Business 2. Amilling Address 3. Date Incorporated or Qualifed 12/22/1997  2. Principal Place of Business 2. Amilling Address 3. Date Incorporated or Qualifed 12/22/1997  2. Durby 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Dountry 2. Dountry 2. Durby 2. Dountry 2. Durby 3. This corporation ones the current year Intangible Personal Property Tax.  4. FEI Number 5. Soid May be 17 to 18 fund Contribution 2. Added to Fees Address of Current Registered Agent  4. FEI Number 5. Soid May be 17 to 18 fund Contribution 2. Added to Fees Address of North Company Francing 2. Soid May be 17 to 18 fund Contribution 2. Added to Fees Address of North Address of New Registered Agent  4. FEI Number 5. Soid May be 2. Soid May be 17 to 18 fund Contribution 2. Added to Fees Address of North Address of New Registered Agent  4. FEI Number 5. Soid May be 2. Soid May be 17 to 18 fund Contribution 2. Added to Fees Address 6. Election Companying Financing 2. Soid May be 18 fund May be 18 fund on the Personal Property Tax.  4. FEI Number 5. Soid May be 18 fund on the Personal Property Tax.  5. Certificate of Status Desired 2. Soid May be 18 fund on the Personal Property Tax.  5. Certificate of Status Desired 2. Soid May be 18 fund on the Personal Property Tax.  6. Election Campaign Financing 2. Soid May be 18 fund on the Personal Property Tax.  7. Personal Property Tax.  8. Name 8. Name 8. Signature 4. Soid May be 18 fund on the Personal Property Tax.  8. Signature 4. File May be 18 fund on the Personal Property Tax.  8. Signature 4. File May be 18 fund on the Personal Property Tax.  8. Signature 4. File May be 18 fund on the Personal Property Tax.  9. Name 9. Name and Address of New Registered Agent 19 fund on the Person
12/22/1997   12/22/1997   25   26   34   54   54   54   54   54   54   54
A   FEI Number
Suite, Apt. #, etc.  So. Certificate of Status Desired   \$8.75 Additional fear Required  City & State   City & State   City & State   Status Desired   \$5.00 May Be. Additional fear Required  City & State   City & State   Status Desired   \$5.00 May Be. Thust Fund Contribution   Additional fear Required  Zip   Country   Zip   Country   8. This corporation owes the current year intangible Personal Property Tax.   Yes   Yes
Suite, Apt. #, etc.    27
City & State  Ci
City & State 23
Zip Country Zip Country Zip Country Zip Country Zip Country
Zip Country Zip Country Zip Country Zip Signature (Typed or posted name of registered agent) 30
9. Name and Address of Current Registered Agent  HICKLE, BRUCE J 3840 N CALUSA PT CRYSTAL RIVER FL 34428  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 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, 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, 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, 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, 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, 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, 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, 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, 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, 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, or both in the such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the c
HICKLE, BRUCE J 3840 N CALUSA PT CRYSTAL RIVER FL 34428  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the source—named corporation submits this statement for the purpose of changing its 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—it is registered agent, and this ir applicable.  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the second corporation submits this statement for the purpose of changing its registered agent, and this ir applicable.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  15. D  NAME  HICKLE, BRUCE J  3840 N CALUSA PT  CRYSTAL RIVER FL 34428  14. City  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE  16. CRYSTAL RIVER FL 34428  16. CITY-ST-ZIP  17. TITLE  18. D  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. CRYSTAL RIVER FL 34428  10. CRYSTAL RIVER FL 34428  11. TITLE  12. CRYSTAL RIVER FL 34428  12. STREET ADDRESS  13. TITLE  14. CRYSTAL RIVER FL 34428  14. CITY-ST-ZIP  15. CRYSTAL RIVER FL 34428  16. CITY-ST-ZIP  17. CRYSTAL RIVER FL 34428  17. CRYSTAL RIVER FL 34428  18. CITY-ST-ZIP  19. CITY-S
HICKLE, BRUCE J 3840 N CALUSA PT CRYSTAL RIVER FL 34428  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 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D HICKLE, BRUCE J 13 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34428 11 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34428 12 AMME SIREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34428 13 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34428 13 STREET ADDRESS CITY-ST-ZIP OCHANGE 33 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34428 33 STREET ADDRESS CITY-ST-ZIP OCHANGE Addition AMAE SIREET ADDRESS CITY-ST-ZIP OCHANGE Addition AMAE SIREET ADDRESS CITY-ST-ZIP OCHANGE Addition AMAE SIREET ADDRESS CITY-ST-ZIP OCHANGE Addition Addition AMAE SIREET ADDRESS CITY-ST-ZIP OCHANGE Addition AMAE SIREET ADDRESS CITY-ST-ZIP OCHANGE Addition Addition AMAE SIREET ADDRESS CITY-ST-ZIP OCHANGE Addition Addition Addition Addition Addition Addition AMAE ACTIV-ST-ZIP OCHANGE Addition Additi
3840 N CALUSA PT CRYSTAL RIVER FL 34428  81  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 and addition of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling)  DATE  SIGNATURE  OFFICERS AND DIRECTORS  11. TITLE  D  MAME HICKLE, BRUCE J 13 STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL 34428  14 City  FL  85  Zip Code  14. City  FL  85  Zip Code  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  NAME HICKLE, POLLY A  22 NAME  STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL 34428  12 CATY-ST-ZIP  CRYSTAL RIVER FL 34428  13 STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL 34428  14 City  FL  85  Zip Code  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL 34428  15 STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL 34428  15 STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL 34428  35 STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL 34428  36 CITY-ST-ZIP  CRYSTAL RIVER FL 34428  37 STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL 34428  38 STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL ADDRES
CRYSTAL RIVER FL 34428  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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  D D DELETE  1.1 TITLE  NAME  HICKLE, BRUCE J  3840 N CALUSA PT  CRYSTAL RIVER FL 34428  TITLE  D DELETE  1.1 CHANGE  TITLE  D DELETE  1.1 CHANGE  TITLE  D DELETE  2.1 TITLE  CHANGE  Addition  Addition  NAME  HICKLE, POLLY A  3840 N CALUSA PT  CRYSTAL RIVER FL 34428  TITLE  D DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL 34428  DELETE  3.1 TITLE  CHANGE  Addition  Addit
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D D DELETE 1.1 TITLE  NAME HICKLE, BRUCE J 1.2 NAME  STREET ADDRESS CITY- ST-ZIP  NAME HICKLE, POLLY A 2.2 NAME  STREET ADDRESS 3840 N CALUSA PT 2.3 STREET ADDRESS CITY- ST-ZIP  TITLE D D DELETE 2.1 TITLE  O DELETE 2.1 TITLE  O DELETE 2.1 TITLE  O DELETE 2.1 TITLE  NAME HICKLE, POLLY A 2.2 NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  CRYSTAL RIVER FL 34428 2.3 STREET ADDRESS CITY- ST-ZIP  TITLE  CRYSTAL RIVER FL 34428 2.3 STREET ADDRESS CITY- ST-ZIP  TITLE  STREET ADDRESS 3840 N CALUSA PT 2.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME DELETE 3.1 TITLE  NAME 3.1 TITLE  NAME 3.2 NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  NAME 3.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME 3.4 CITY- ST-ZIP  NAME 3.4 CITY- ST-ZIP  NAME 3.4 CITY- ST-ZIP
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D D DELETE 1.1 TITLE  NAME HICKLE, BRUCE J 1.2 NAME  STREET ADDRESS CITY- ST-ZIP  NAME HICKLE, POLLY A 2.2 NAME  STREET ADDRESS 3840 N CALUSA PT 2.3 STREET ADDRESS CITY- ST-ZIP  TITLE D D DELETE 2.1 TITLE  O DELETE 2.1 TITLE  O DELETE 2.1 TITLE  O DELETE 2.1 TITLE  NAME HICKLE, POLLY A 2.2 NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  CRYSTAL RIVER FL 34428 2.3 STREET ADDRESS CITY- ST-ZIP  TITLE  CRYSTAL RIVER FL 34428 2.3 STREET ADDRESS CITY- ST-ZIP  TITLE  STREET ADDRESS 3840 N CALUSA PT 2.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME DELETE 3.1 TITLE  NAME 3.1 TITLE  NAME 3.2 NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  NAME 3.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME 3.4 CITY- ST-ZIP  NAME 3.4 CITY- ST-ZIP  NAME 3.4 CITY- ST-ZIP
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STREET ADDRESS   3840 N CALUSA PT   2.3 STREET ADDRESS   CITY-ST-ZIP   CRYSTAL RIVER FL 34428   2.4 CITY-ST-ZIP   Change   Addition   Additio
CITY-ST-ZIP         CRYSTAL RIVER FL 34428         2.4 CITY-ST-ZIP           TITLE         3.1 TITLE         Change Addition           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP
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CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: # SIGNATURE AND TYPED OR PE SIGNING OFFICER OR DIRECTOR