

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

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Jul 30, 1999 8:00 am  
Secretary of State

07-30-1999 90009 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000014339

1. Corporation Name

HEALTHY IMPACT, INC.

Principal Place of Business

1260 S.W. DYER POINT ROAD  
PALM CITY FL 34990

Mailing Address

1260 S.W. DYER POINT ROAD  
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number

65-0810974

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 45 Manor Drive

Suite, Apt. #, etc.

22

City & State  
23 Sherwood Park, Alberta

Zip Country  
24 T8A 1C9 25 Canada

2a. Mailing Address

26 45 Manor Drive

Suite, Apt. #, etc.

27

City & State  
28 Sherwood Park, Alberta

Zip Country  
29 T8A 1C9 30 Canada

9. Name and Address of Current Registered Agent

KEELING, RONALD C CPA  
25 SECOND STREET, NORTH  
SUITE 203  
ST. PETERSBURG FL 33701

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 ☐ DELETE

NAME Terry J. Clark

STREET ADDRESS 45 Manor Drive

CITY-ST-ZIP Sherwood Park, Alberta T8A 1C9

TITLE ☐ DELETE

NAME Jean E. Clark

STREET ADDRESS 45 Manor Drive

CITY-ST-ZIP Sherwood Park, Alberta T8A 1C9

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

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 report 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0519180

599176-90009-38  
P98000014339

Chartered Accountants  
Management Consultants  
Canadian Member Firm of  
Grant Thornton International

Grant Thornton 

July 22, 1999

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL  
32302-1500


Dear Sir:

**RE: FEI Number – 65-0810974**

Please find enclosed cheque #114 in the amount of \$150.00 to cover the filing fee for Healthy Impact, Inc. The filing form is also enclosed.

Yours truly,

**GRANT THORNTON**

  
Dave Fischer, CA  
Senior Manager

\elm

Mason\Fischer\Healthy Impact