

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90055 014 ***150.00

DOCUMENT # P98000052418

1. Corporation Name

ABSOLUTE WELLNESS, INC.

Principal Place of Business

404 BAYSIDE DRIVE
NAPLES FL 34108

Mailing Address

404 BAYSIDE DRIVE
NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1998

4. FEI Number

65-0845814

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WIDOM, SUSAN
404 BAYSIDE DRIVE
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name

SUSAN WIDOM

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

7558 CORDOBA CIRCLE

83

84 City

NAPLES

FL

85 Zip Code
34109

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 PS
NAME WIDOM, SUSAN
STREET ADDRESS 404 BAYSIDE DRIVE
CITY-ST-ZIP NAPLES FL 34108 ☐ DELETE

TITLE VT
NAME WIDOM, GAVIN
STREET ADDRESS 404 BAYSIDE DRIVE
CITY-ST-ZIP NAPLES FL 34108 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME WIDOM, SUSAN
1.3 STREET ADDRESS 7558 CORDOBA CIRCLE
1.4 CITY-ST-ZIP NAPLES, FL 34109 ☒ Change ☐ Addition

2.1 TITLE VT
2.2 NAME WIDOM, GAVIN
2.3 STREET ADDRESS 7558 CORDOBA CIRCLE
2.4 CITY-ST-ZIP NAPLES, FL -34109 ☒ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: GAVIN WIDOM VT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/99

Daytime Phone #

941-554-7125

CR2E034 (11/98)