09241999-90012-050-$550.00-$550.00

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

APPROVED AND FILED

99 OCT 20 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069456

1. Corporation Name
HEALTHY BUDGET CORPORATION

Principal Place of Business	Mailing Address
1100 SAWGRASS VILLAGE DRIVE, SUITE 201-H PONTE VEDRA BEACH FL 32082	P O BOX 1614 PONTE VEDRA BEACH FL 32004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1998

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22: 1100 Sawgrass Village Dr., Su 200
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 | Country — 25
Zip — 29 | Country — 30

4. FEI Number: 59-3532170 ☐ 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

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

9. Name and Address of Current Registered Agent

TOMLIN, BROOKS T
1100 SAWGRASS VILLAGE DRIVE, SUITE 201-H
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name: TOMLIN, THOMAS A.
82 Street Address (P.O. Box Number is Not Acceptable): 1100 SAWGRASS Village Dr. Su 200
83
84 City: Ponte Vedra Beach FL — 85 Zip Code: 32082

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: Thomas A. Tomlin — DATE: 9/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENS, C WAYNE 1100 SAWGRASS VILLAGE DRIVE, SUITE 201-H PONTE VEDRA BEACH FL 32082	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMLIN, THOMAS A 1100 SAWGRASS VILLAGE DRIVE, SUITE 201-H PONTE VEDRA BEACH FL 32082	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMLIN, BROOKS T 1100 SAWGRASS VILLAGE DRIVE, SUITE 201-H PONTE VEDRA BEACH FL 32082	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	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.

SIGNATURE: Thomas A. Tomlin — 9/15/99 — 904-285-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)