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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S19958

(5)

1. Corporation Name

STATE OF MIND ASSOCIATES, INC.



Principal Place of Business

1951-E RAYMOND DIEHL BUSINESS LN.  
TALLAHASSEE FL 32308  
US

Mailing Address

1951-E RAYMOND DIEHL BUSINESS LN.  
TALLAHASSEE FL 32308  
US

3. Date Incorporated or Qualified

12/20/1990

3a. Date of Last Report

08/06/1996

4. FEI Number

59-3040294

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 1586 Lee Avenue

2a. Mailing Address

26 1586 Lee Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Tallahassee, FL

Zip

24 32303

Country

25 Leon

27 City & State

28 Tallahassee, FL

Zip

29 32303

Country

30 Leon

9. Name and Address of Current Registered Agent

ARMSTRONG, EVA  
1703 SILVERWOOD DR.  
TALLAHASSEE FL 32301

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

Sign above, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HICKAM, DALE  
STREET ADDRESS 1586 LEE AVE.  
CITY - ST - ZIP TALLAHASSEE FL

TITLE V ☐ DELETE

NAME ARMSTRONG, EVA  
STREET ADDRESS 1703 SILVERWOOD DR.  
CITY - ST - ZIP TALLAHASSEE FL

TITLE ST ☐ DELETE

NAME SOUTHWARD, MICHAEL  
STREET ADDRESS 1586 LEE AVE.  
CITY - ST - ZIP TALLAHASSEE FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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: *Eva Armstrong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 904-222-2473  
Date Daytime Phone #

CR2E034 (9/96)