

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 01 PM 0:17

DOCUMENT # S90702 (9)

1. Corporation Name

PROFESSIONAL HEALTH & LIFE CONSULTANTS, INC.

Principal Place of Business

203 S MAIN ST
AUBURNDALE FL 33823
US

Mailing Address

203 S BARTOW AVE
AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1991

3a. Date of Last Report
04/12/1994

4. FEI Number
59-3088769

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

21 203 S. MAIN ST.

2a. Mailing Address

26 P.O. Box 1185

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 AUBURNDALE FL.

City & State

28 AUBURNDALE FL.

Zip

Country

24 33823

25 USA

Zip

Country

29 33823

30 USA

9. Name and Address of Current Registered Agent

DAWSON, W. MIKE
203 SO MAIN STR
AUBURNDALE FL 33823

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

William M. Dawson

5/22-95

Signature, typed or printed name of registered agent and title if applicable

DATE Registered Agent Signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
DAWSON, W. MIKE
203 S MAIN ST
AUBURNDALE FL

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

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

William M. Dawson

William M. Dawson

5/22/95

813-967-3910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Required