

199000000034

34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Assignment

199-34

## ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: HEALTHSTOP

Registration Number: T99000000034

2. ASSIGNOR:

Name: D&A NUTRITION, INC.

If Assignor is a corporation, the state in which incorporated & FL registration Number: P97000055914

Address: 1817 Sherwood Drive

City: Tallahassee State/Zip: Florida, 32303

3. ASSIGNEE:

Name: Winc Enterprises, Inc.

If Assignee is a corporation, the state in which incorporated & FL registration number: P04000132996

Address: 4446 Hendricks Avenue, Suite 241

City: Jacksonville State/Zip: FL, 32207

4. All right, title and interest in and to said mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of the mark) is hereby assigned by D&A NUTRITION, INC. to

(the Assignor)

WINC ENTERPRISES, INC.

(the Assignee)

(Assignor's Signature)

By J. Adam Ogden, President  
(Typed or Printed Name of Person  
Signing Above)

(Assignee's Signature)

By Gerald H. Wilkinson, Jr., President  
(Typed or Printed Name of Person  
Signing Above)

On this 17th day of November, 2004, J. Adam Ogden and Gerald H. Wilkinson, Jr. personally appeared before me,

☐ who is personally known to me ☒ whose identity is proved on the basis of both of us FL DLS

(Notary Seal)



HOWARD A. CAPLAN  
MY COMMISSION # DD 25163  
EXPIRES: October 11, 2007  
Bonded Thru Budget Notary Services

(Signature of Notary Public)

**Instructions:** The assignment must be signed by both the assignee and the assignor. If a corporation, an officer of the corporation must sign. Both the assignee's and the assignor's signature must be acknowledged before a Notary Public. If you need assistance, call the Registration Section at (850) 245-6051.

**FILING FEE: \$50**  
**Division of Corporations, P. O. Box 6327 Tallahassee, FL 32314**