

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **V57608** (4)
1. Corporation Name
FLORIDA COUNSELING, INC.



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| Principal Place of Business 5401 W. KENNEDY BLVD. SUITE 1080 TAMPA FL 33609 US | Mailing Address 5401 W. KENNEDY BLVD. SUITE 1080 TAMPA FL 33609 US |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 5201 W. Kennedy Blvd. Suite, Apt. #, etc. 22 123 City & State 23 TAMPA FL Zip 24 33609 | | 2a. Mailing Address 26 5201 W. Kennedy Blvd. Suite, Apt. #, etc. 27 123 City & State 28 TAMPA FL Zip 29 33609 | | 3. Date Incorporated or Qualified 08/14/1992 | |
| Country 25 US | | Country 30 US | | 4. FEI Number 59-3134020 Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent HERRELL, DANNA LYNN 5401 W. KENNEDY BLVD. SUITE 480 TAMPA FL 33609 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

| | | | | | | | |
|----------------------------|----------------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PTD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HERRELL, DANNA LYNN | | | 1.2 NAME | | | |
| STREET ADDRESS | 5401 W. KENNEDY BLVD., STE. 1080 | | | 1.3 STREET ADDRESS | 5201 W. Kennedy Blvd., Ste. 123 | | |
| CITY-ST-ZIP | TAMPA FL | | | 1.4 CITY-ST-ZIP | TAMPA, FL 33609 | | |
| TITLE | VPS | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SCHOENHOEFT, DEL L | | | 2.2 NAME | | | |
| STREET ADDRESS | 5401 W. KENNEDY BLVD., STE. 1080 | | | 2.3 STREET ADDRESS | 5201 W. Kennedy Blvd., Ste 123 | | |
| CITY-ST-ZIP | TAMPA FL | | | 2.4 CITY-ST-ZIP | TAMPA FL 33609 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

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.

CR2E034 (10/97)