

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V67840

(1)

1. Corporation Name

LIFESTYLES WITH PURPOSE, INC.

Principal Place of Business

6536 STONINGTON DR. S.
TAMPA FL 33647

Mailing Address

6536 STONINGTON DR. S.
TAMPA FL 33647

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THOMSON, RONALD A.
6536 STONINGTON DR. S.
TAMPA FL 33647

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

09/28/1992

3a. Date of Last Report

09/21/1995

4. FEI Number

59-3143056

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person who is authorized to file this report

Signature of the corporation or its authorized officer

Date

12. OFFICERS AND DIRECTORS

1. TITLE

D

THOMSON, RONALD A.
6536 STONINGTON DR. S.
TAMPA FL

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

D

THOMSON, BARBARA A.
6536 STONINGTON DR. S.
TAMPA FL

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

☐ DELETE

2. NAME

3. STREET ADDRESS

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3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY, ST, ZIP

Change ☐ Add ☐

Change ☐ Add ☐

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Change ☐ Add ☐

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

813 977-0557

CR2E034 (12/95)