FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 28 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 # **P95000053833 (6)**

1. Corporation Name
THE EXTRA TOUCH, INC.

Principal Place of Business	Mailing Address
3232 COLONIAL BLVD. STE 1320 FORT MYERS FL 33907	3232 COLONIAL BLVD. STE 1320 FORT MYERS FL 33912-1032

3. Date Incorporated or Qualified: 07/10/1995
3a. Date of Last Report: 06/27/1996

2. Principal Place of Business
21: 3232 Colonial blvd Ste 726
22 Suite, Apt. #, etc.: # 726
23 City & State: Ft Myers Florida
24 Zip: 33907 25 Country: USA

2a. Mailing Address
26: 8719 Fordham St
27 Suite, Apt. #, etc.: Ste # 1
28 City & State: Ft Myers, Florida
29 Zip: 33907-4334 30 Country: USA Lee Co.

4. FEI Number: 65-0596430 ☐ 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

9. Name and Address of Current Registered Agent

RICHARDSON, DONNA J
6735 BORKEN ARROW DRIVE
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: Donna J. Richardson
82 Street Address (P.O. Box Number is Not Acceptable): 8719 Fordham St
83: Ste # 1
84 City: Ft Myers FL 85 Zip Code: 33907-4334

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: DONNA J RICHARDSON, PRESIDENT Michelle Richardson 3-4-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARDSON, DONNA J M 109 WEST HILLCREST ST ALTAMONTE SPRINGS FL 32714 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ~~Director~~ Richardson, Michelle 109 W Hillcrest St #2 Altamonte Springs, Fl 32714 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERBER, DONNA M 4600 SUMMERLIN ROAD STE C-2 MSC 563 FORT MYERS FL 33919 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P Richardson Donna JM 109 W Hillcrest St #1 Altamonte Springs Fl 32714 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Richard ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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.

407-682-2916

SIGNATURE: Donna J Richardson President Donna J Richardson 3-4-97