

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

0445003

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90218 039 \*\*\*150.00

DOCUMENT # **H56089**

1. Corporation Name  
**THE BODY CONCERN, INC.**



Principal Place of Business  
13251 MCGREGOR BLVD.  
G  
FT. MYERS FL 33907  
US

Mailing Address  
13251 MCGREGOR BLVD  
G  
FT. MYERS FL 33907  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/08/1985**

4. FEI Number  
**59-2559701**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **4014 Olive Avenue**

26 **4014 Olive Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Sarasota, Florida**

28 **Sarasota, Florida**

24 Zip Country

29 Zip Country

25 **34231 U.S.A.**

30 **34231 U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINGSLEY, ELIZABETH A.**  
**13251 MCGREGOR BLVD**  
**STE. G**  
**FT. MYERS FL 33907**

81 Name

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

**4014 Olive Avenue**

83

84 City **Sarasota**

FL

85 Zip Code

**34231**

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

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 **P** ☐ DELETE  
NAME **KINGSLEY, ELIZABETH**  
STREET ADDRESS **17424 BIRCHWOOD LN. #6**  
CITY-ST-ZIP **FT. MYERS FL 33908**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **Elizabeth Kingsley - Figgatt**  
1.3 STREET ADDRESS **4014 Olive Avenue**  
1.4 CITY-ST-ZIP **Sarasota, FL 34231**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: **Elizabeth Kingsley - Figgatt**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-99**  
Date

**941 9246051**  
Daytime Phone #

CR2E034 (11/98)