FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 2 PM 11:14

DOCUMENT # **K70026** **(5)**

1. Corporation Name
AMELIA WELLNESS CENTER, INC.

Principal Place of Business	Mailing Address
~~1000 SOUTH 14TH STREET, SUITE 5~~	~~1000 SOUTH 14TH STREET, SUITE 5~~
P.O. BOX 946	P.O. BOX 946
FERNANDINA BEACH FL 32034	FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1989
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business
21: 869 Sadler Rd
22 Suite, Apt. #, etc.: Suite
23 City & State: Fernandina Bch, Fl.
24 Zip: 32034
25 Country: USA

2a. Mailing Address
26: 869 Sadler Rd
27 Suite, Apt. #, etc.: Suite
28 City & State: Fernandina Bch, Fl.
29 Zip: 32034
30 Country: USA

4. FEI Number: 59-2945020 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRANDON, RICHARD L.
~~1000 SOUTH 14TH STREET #5~~ { c/o Amelia Wellness Ctr 869 Sadler Rd
FERNANDINA BEACH FL 32034

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: Richard L Brandon, President — DATE: 6/1/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~VP~~ President BRANDON, RICHARD L. ~~1000 S. 14TH ST, #5~~ { c/o Amelia Wellness 869 Sadler Rd FERNANDINA BEACH FL	11 ~~CH~~ 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☒ Change ☐ Addition ← change address and office = President
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice President Kathy L. Brandon c/o Amelia Wellness Ctr, 869 Sadler Rd. Fernandina Bch, Fl. 32034	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☒ Addition ← New
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary Jacqualine Christiansen c/o Amelia Wellness Ctr, 869 Sadler Rd Fernandina Bch, Fl. 32034	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☒ Addition ← New
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Treasurer Doug Lena c/o Amelia Wellness Ctr, 869 Sadler Rd Fernandina Beach, Fl. 32034	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☒ Addition ← New
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Richard L Brandon — Richard L. Brandon — 6/1/95 — 904-26-0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000H01 CP