

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
DIVISION OF CORPORATIONS

DOCUMENT # K70026

(5)

1. Corporation Name

AMELIA WELLNESS CENTER, INC.



Principal Place of Business

889 SADLER RD  
P.O. BOX 946  
FERNANDINA BEACH FL 32034  
US

Mailing Address

889 SADLER RD  
P.O. BOX 946  
FERNANDINA BEACH FL 32034  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1989

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 1 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 32035 30 0746

9. Name and Address of Current Registered Agent

C/O AMELIA WELLNESS CTR, INC.  
889 SADLER RD  
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name Richard L. Brandon, Esq.  
82 Street Address (R.O. Box Number is Not Acceptable)  
869 Sadler Rd, Ste 3  
83  
84 City Fernandina Beach, FL 85 Zip Code 32034

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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BRANDON, RICHARD L.  
STREET ADDRESS 889 SADLER RD  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE

NAME BRANDON, KATHY L  
STREET ADDRESS 889 SADLER RD  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE

NAME CHRISTIANSEN, JACQUELINE  
STREET ADDRESS 889 SADLER RD  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☒ DELETE

NAME LANE, DOUG  
STREET ADDRESS 889 SADLER RD  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Christian, Jacqueline ☒ Change ☐ Addition  
869 Sadler Rd.  
Fernandina Beach, Fla.

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 checked, or on an attachment with an address.

CP2E034 (10/97)