

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L68988** (9)

1. Corporation Name

LICENSED MASSAGE THERAPY INC.



Principal Place of Business

**6315 PRESIDENTIAL COURT, STE. C
FT. MYERS FL 33919**

Mailing Address

**105 S.E. 46TH LANE
CAPE CORAL FL 33904**

2. Principal Place of Business

2a. Mailing Address

21 **6325 PRESIDENTIAL COURT STE. C** 26 **6325 PRESIDENTIAL COURT**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **7 SUITE 70** 27 **SUITE 70**
City & State City & State
23 **FT. MYERS, FL** 28 **FT. MYERS, FL**
Zip Country Zip Country
24 **33919** 25 **FL** 29 **33919** 30 **FL**

3. Date Incorporated or Qualified
04/30/1990

3a. Date of Last Report
02/13/1995

4. FEI Number
65-0208096

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

**GRIFFITHS, DARLAJEAN M
105 S.E. 46TH LANE
CAPE CORAL FL 33904**

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 607.1504, 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 (if applicable)

(If D/E, Registered Agent Signature required, which is not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPS**
STREET ADDRESS **GRIFFITHS, DARLAJEAN M**
CITY-ST-ZIP **105 S.E. 46TH LANE**
CAPE CORAL FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
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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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

Darlan M. Griffiths
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

(941) 481-5033
Date: Day-Mo-Year

CR2E034 (12/95)