

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90075 033 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P94000068688**

1. Corporation Name

**DIANA'S TOUCH OF PONTE VEDRA, INC.**

Principal Place of Business

 236 SOLANO RD NO. 5  
 SUITE 10  
 PONTE VEDRA BEACH FL 32082

Mailing Address

 PO BOX 843  
 PONTE VEDRA BEACH FL 32004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/15/1994**

4. FEI Number

**59-3263898**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DEMPSEY, DIANA**  
**236 SOLANO RD NO. 5**  
**SUITE 10**  
**PONTE VEDRA BEACH FL 32082**

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

*Diana M. Dempsey* **4-27-99**

(NOT a Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

 TITLE **D** ☐ DELETE  
 NAME **DEMPSEY, DIANA**  
 STREET ADDRESS **236 SOLANO RD NO. 5 SUITE 10**  
 CITY-STATE-ZIP **PONTE VEDRA BEACH FL 32082**

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

 TITLE ☐ DELETE  
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 CITY-STATE-ZIP

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 change, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Diana M. Dempsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/10/99****904-285-5549**

Daytime Phone #

CR2E034 (11/98)