

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

FILED

**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000073858 (0)

1. Corporation Name
THERAPEUTIC RELIEF, INC.



Principal Place of Business 702 DIVOT COURT ST. AUGUSTINE FL 32084	Mailing Address 702 DIVOT COURT ST. AUGUSTINE FL 32084-9173
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3. Date Incorporated or Qualified 10/04/1994	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 13234 Mendenhall Pl Suite, Apt. #, etc.	2a. Mailing Address 26 13234 Mendenhall Pl Suite, Apt. #, etc.	4. FEI Number 59-3276249	Applied For Not Applicable
22 City & State Jacksonville FL	27 City & State Jacksonville FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 32224 Country Duall	29 Zip 32224 Country Duall	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32224 25 Duall		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THACKER, MICHELE
702 DIVOT COURT
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name Thacker, Michele
82 Street Address (P.O. Box Number is Not Acceptable) 13234 Mendenhall Pl
83
84 City Jacksonville
85 Zip Code FL 32224

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 _____ DATE _____
Signature, typed or printed name of registered agent and title. (Applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Thacker, Michele	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THACKER, MICHELE		1.2 NAME Thacker, Michele	
STREET ADDRESS 702 DIVOT COURT		1.3 STREET ADDRESS 13234 Mendenhall Pl	
CITY- ST- ZIP ST. AUGUSTINE FL 32084		1.4 CITY- ST- ZIP Jacksonville, FL 32224	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: **Michele Thacker** **Michele Thacker** **4/14/97** **904/220-2455**

CR2E034 (9/96)