**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

APPROVED AND FILED

95 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074999 (1)**

1. Corporate Name
**WHIRL MASSAGE SHOWERHEAD, INC.**

Principal Place of Business
P.O. BOX 4229
TALLAHASSEE FL 32315

Mailing Address
P.O. BOX 4229
TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3660 Hartsfield Rd
22 Suite, Apt. #, etc.
23 City, ST, ZIP: Tallahassee Florida
24 32303
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City, State
29 ZIP
30 Country

4. FEI Number: 59-3099532 — X Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. This corporation has elected to be taxed as an S Corporation under Sections 1361-1379 of the Internal Revenue Code: X Yes ☐ No

9. Name and Address of Current Registered Agent
BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

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 Section 607.0505 and 607.0508, Florida Statutes, the above named corporation submits the 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. Hereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | BENEDICT, CHARLES E |
| STREET ADDRESS | 3660 HARTSFIELD ROAD |
| CITY ST ZIP | TALLAHASSEE FL 32303 |
| TITLE | STD |
| NAME | BENEDICT, PATRICIA C |
| STREET ADDRESS | 3660 HARTSFIELD ROAD |
| CITY ST ZIP | TALLAHASSEE FL 32303 |
| TITLE | |
| NAME | |
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13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

| | |
|---|---|
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | ☐ Change ☐ Addition |
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| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

14. I hereby certify that the information supplied with this report is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I 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 the 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: P.C. Benedict — P.C. Benedict - Exec Vice Pres. — 4/24/95 — (904) 576-1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029072 CP