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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:49

DOCUMENT # **P94000077849 (5)**

1. Corporation Name
COASTAL SCHOOL OF MASSAGE THERAPY, INC.

Principal Place of Business	Mailing Address
2463 SOUTH 3RD STREET JACKSONVILLE BEACH FL 32250	2463 SOUTH 3RD STREET JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21 434 Osceola Ave.
Suite, Apt. #, etc. 22
City & State 23: Jacksonville Beach,FL
Zip 24: 32250 Country 25: USA

2a. Mailing Address
26 434 Osceola Ave.
Suite, Apt. #, etc. 27
City & State 28: Jacksonville Beach,FL
Zip 29: 32250 Country 30: USA

4. FEI Number: 59-3288583 ☐ 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, ROXANNE M
2463 SOUTH 3RD STREET
JACKSONVILLE BEACH FL 32250

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 _____ DATE _____
(Signature of current or new registered agent required) (Registered Agent's signature required when changed)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME MITCHELL, ROXANNE M STREET ADDRESS 211 LA PASADA CIRCLE EAST CITY ST ZIP PONTE VEDRA BEACH FL 32082	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP ☐ Change ☐ Addition
TITLE VP NAME Reep, Timothy A STREET ADDRESS 211 La Pasada Cir CITY ST ZIP Ponte Vedra Beach, FL 32082	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP ☐ Change ☐ Addition

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)(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: Roxanne Mitchell Roxanne Mitchell 4-8-95 (904) 241-4634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
or (904) 285-8956

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