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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90151 031 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069715

1. Corporation Name
IN TOUCH MASSAGE THERAPY, INC.

Principal Place of Business

**9720 NORTH ARMENIA
STE G
TAMPA FL 33612
US**

Mailing Address

**9720 NORTH ARMENIA
STE G
TAMPA FL 33612
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1995

4. FEI Number

59-3332347

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**ROCHA, RICHARD M
3128 W. KENNEDY BLVD.
TAMPA FL 33609**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **GUY, THERESA**
STREET ADDRESS **9720 NORTH ARMENIA, STE. G**
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE

NAME **RAY, SHERYL**
STREET ADDRESS **9720 NORTH ARMENIA, STE. G**
CITY-ST-ZIP **TAMPA FL**

TITLE **ST** ☒ DELETE

NAME **NECKER, SOPHIA**
STREET ADDRESS **9720 NORTH ARMENIA, STE. G**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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

**V/ST
RAY, SHERYL
9720 NORTH ARMENIA, STE. G
TAMPA FL 33612**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THERESA GUY** *Theresa Guy - President* **4/30/99** **813 981-0606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)