

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

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Mar 07 1997 8:00am
Secretary of State

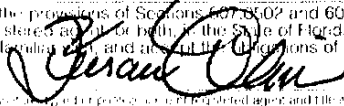
PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000051121 (7)			
1. Corporation Name A TURNING POINT MASSAGE THERAPY & HEALTH SERVICE S, INC.			
Principal Place of Business 6913 W JACKSON ST PENSACOLA FL 32506		Mailing Address 6913 W JACKSON ST PENSACOLA FL 32506-4561	



2. Principal Place of Business 21 A TURNING POINT Suite, Apt. #, etc. 22 1127 N. PALATFOX ST. City & State 23 PENSACOLA, FL. Zip 24 32501		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 U.S.A.		3. Date Incorporated or Qualified 06/13/1996		3a. Date of Last Report	
		4. FEI Number 59-3393369		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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					

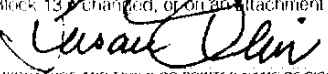
9. Name and Address of Current Registered Agent COMMON, BRUCE F 1728 N 13TH AVE PENSACOLA FL 32503				10. Name and Address of New Registered Agent			
				81 Name SUSAN OLIN			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 6913 W. JACKSON STREET			
				84 City PENSACOLA FL 85 Zip Code 32506			

11. Pursuant to the provisions of Sections 607.0602 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P ☐ DELETE				1.1 TITLE ☐ Change ☐ Addition			
NAME OLIN, SUSAN				1.2 NAME			
STREET ADDRESS 6913 W JACKSON ST				1.3 STREET ADDRESS			
CITY-ST-ZIP PENSACOLA FL 32506				1.4 CITY-ST-ZIP			
TITLE ST ☐ DELETE				2.1 TITLE ☐ Change ☐ Addition			
NAME COMMON, BRUCE F				2.2 NAME			
STREET ADDRESS 1728 N 13TH AVE				2.3 STREET ADDRESS			
CITY-ST-ZIP PENSACOLA FL 32503				2.4 CITY-ST-ZIP			
TITLE ☐ DELETE				3.1 TITLE ☐ Change ☐ Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE ☐ DELETE				4.1 TITLE ☐ Change ☐ Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE ☐ DELETE				5.1 TITLE ☐ Change ☐ Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE ☐ DELETE				6.1 TITLE ☐ Change ☐ Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-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, changed, or on an attachment with an address.

SIGNATURE:  **SUSAN OLIN** **2/4/97** **(904) 432-7636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone, if available

0488048

CR2E034 (9/96)