

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90066 017 \*\*\*150.00

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DOCUMENT # P97000078192

1. Corporation Name  
REJUVENATIONS, INC.

Principal Place of Business

7122 SW 164TH ST  
ARCHER FL 32618-2838

Mailing Address

7122 SW 164TH ST  
ARCHER FL 32618-2838

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

59-3467202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 101 SE 2ND PLACE

Suite, Apt. #, etc.

22 SUITE 110

City & State

23 GAINESVILLE FL

Zip

24 32601

Country

25 ALACHUA

2a. Mailing Address

26 101 SE 2ND PLACE

Suite, Apt. #, etc.

27 SUITE 110

City & State

28 GAINESVILLE FL

Zip

29 32601

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

WATFORD, DEBORAH C.  
7122 SW 164TH ST  
ARCHER FL 32618-2838

10. Name and Address of New Registered Agent

81 Name

WILSON, BRIAN M.

82 Street Address (P.O. Box Number is Not Acceptable)

101 SE 2ND PLACE SUITE 110

83

84 City

GAINESVILLE

FL

85 Zip Code

32601

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME WATFORD, DEBORAH C  
STREET ADDRESS 7122 SW 164TH ST  
CITY-ST-ZIP ARCHER FL 32618-2838

TITLE P ☐ DELETE

NAME WILSON, BRIAN  
STREET ADDRESS 1705 NE 7TH ST  
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

REMOVE AS OFFICER ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(352) 380-0076

Daytime Phone #

CR2E034 (11/98)