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Aug 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000092368 (4)**

1. Corporation Name
NORTHEAST FLORIDA MASSAGE, INC.

Principal Place of Business	Mailing Address
3564 SAINT AUGUSTINE ROAD JACKSONVILLE FL 32207	3564 SAINT AUGUSTINE ROAD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3475427	☐ Applied For ☐ Not Applicable
21 5627 Atlantic Blvd.	26 5627 Atlantic Blvd.		
Suite, Apt. #, etc. 22 Suite 7	Suite, Apt. #, etc. 27 Suite 7	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Jacksonville, Fl.	City & State 28 Jacksonville, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 32207 / 25 Duval	Zip / Country 29 32207 / 30 Duval	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☐ DELETE	1.1 TITLE	address ☑ Change ☐ Addition
NAME	HILL, CHRIS	1.2 NAME	
STREET ADDRESS	~~3564 SAINT AUGUSTINE ROAD~~	1.3 STREET ADDRESS	5627 Atlantic Blvd., Ste 7
CITY-ST-ZIP	~~JACKSONVILLE FL 32207~~	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32207
TITLE	VTD ☐ DELETE	2.1 TITLE	address ☑ Change ☐ Addition
NAME	WINN, BEVERLY TROY	2.2 NAME	
STREET ADDRESS	~~3564 SAINT AUGUSTINE ROAD~~	2.3 STREET ADDRESS	5627 Atlantic Blvd., Ste 7
CITY-ST-ZIP	~~JACKSONVILLE FL 32207~~	2.4 CITY-ST-ZIP	Jacksonville, Fl. 32207
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	500002629595
STREET ADDRESS		4.3 STREET ADDRESS	-09/01/98--01006--023
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	500002629595
STREET ADDRESS		5.3 STREET ADDRESS	-09/01/98--01006--022
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	500002629595
STREET ADDRESS		6.3 STREET ADDRESS	-09/01/98--01006--021
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

8.31

CR2E034 (10/97)

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.

SIGNATURE: Beverly Troy Winn 5-1-98