

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **694489** (6)

1. Corporation Name

SUN SKATE CENTER OF GAINESVILLE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2746
VALDOSTA GA 31604

P.O. BOX 2746
VALDOSTA GA 31604

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip Country

24 g. Name and Address of Current Registered Agent

29 30

**SMITH, MICHAEL S
411 N. WASHINGTON STREET
PERRY FL 32347**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1502, 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 607.1503, Florida Statutes.

SIGNATURE

Name of the Agent, Registered Office, or Registered Agent

Name of the Agent, Registered Office, or Registered Agent

Title

12. OFFICERS AND DIRECTORS

1. NAME	PT	<input type="checkbox"/> DELETE
2. STREET ADDRESS	POWERS, CHARLES M	
3. CITY, STATE, ZIP	106 W. GORDON ST.	
4. TITLE	VALDOSTA GA 31601	
5. NAME	VS	<input type="checkbox"/> DELETE
6. STREET ADDRESS	FANN, W. WAYNE	
7. CITY, STATE, ZIP	2813 NO ASHLEY ST	
8. TITLE	VALDOSTA GA 31602	
9. NAME		<input type="checkbox"/> DELETE
10. STREET ADDRESS		
11. CITY, STATE, ZIP		
12. TITLE		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY, STATE, ZIP		
16. TITLE		
17. NAME		<input type="checkbox"/> DELETE
18. STREET ADDRESS		
19. CITY, STATE, ZIP		
20. TITLE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, but 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 Back 12 or Back 13 if changed, or on an attachment with an address.

SIGNATURE: *W. Wayne Fann* W-WAYNE FANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 (912) 244-3535
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)