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

Mailing Address

SUITE 3

26

27

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29

3705 US HWY. 98 SOUTH

LAKELAND FL 33813

2a. Mailing Address

City & State

Zip

Suite Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081625 (1)

Country

g. Name and Address of Current Registered Agent

25

WILBUR PHILIP WORTMAN III 941 CUMBERLAND STREET

GYMNASTICS ETC., INC.

Principal Place of Business

3705 US HWY. 98 SOUTH

2. Principal Place of Business

LAKELAND FL 33813

Suite, Apt. #, etc.

City & State

Zip

24

FILED
Apr 29 1998 8:00am
Secretary of State

-		10181 JIAIJ BIILE 11081 BIIL 1991	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 10/02/1996		•.	
4. FEI Number		Applied For	
59-3405331		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
10. Name and Address of New Re	glstere	ed Agent	

1/20/98

APT. 2 83 LAKELAND FL 33801 84 City 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, typod 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 DELETE 11 TITLE Change Addition NAME WORTMAN, WILBUR PHILIP III 1.2 NAME STREET ADDRESS 941 CUMBERLAND ST., APT. 2 1.3 STREET ADDRESS AKELAND FL 33801 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE 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 of 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 organ attack from the corporation of the corpo

Country

81

B2

Name

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

30