

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
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90094 017 ***150.00

DOCUMENT # **F97000001250**

1. Corporation Name
GNC FRANCHISING, INC.



Principal Place of Business

**300 SIXTH AVENUE
ATTN: TAX DEPT
PITTSBURGH PA 15222
US**

Mailing Address

**300 SIXTH AVENUE
ATTN: TAX DEPT
PITTSBURGH PA 15222
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1997

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

4. FEI Number

25-1560212

Applied For
Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23
City & State

28
City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country **25**

29 Zip Country **30**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **HORN, JERRY D**
STREET ADDRESS **239 CHERRYDALE DRIVE**
CITY-ST-ZIP **PITTSBURGH PA**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P** ☐ DELETE
NAME **WATTS, WILLIAM E**
STREET ADDRESS **119 WITHEROW ROAD**
CITY-ST-ZIP **SEWICKLEY PA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VTD** ☐ DELETE
NAME **KOZLOWSKI, EDWIN J**
STREET ADDRESS **39 STANCEY ROAD**
CITY-ST-ZIP **PITTSBURGH PA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VSD** ☐ DELETE
NAME **SANDER, JAMES M**
STREET ADDRESS **1417 TERRACE DRIVE**
CITY-ST-ZIP **PITTSBURGH PA**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☐ DELETE
NAME **COOPER, RUSSELL L**
STREET ADDRESS **1920 LAKE MARSHALL DRIVE**
CITY-ST-ZIP **PITTSBURGH PA**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **AS** ☐ DELETE
NAME **MARMO, RONALD M**
STREET ADDRESS **300 SIXTH AVENUE**
CITY-ST-ZIP **PITTSBURGH PA 15222**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Ronald M. Marmo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Secretary

Date

Daytime Phone #

CR2E034 (1/98)