

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J17159 (1)

1. Corporation Name

FUN AND FITNESS OF OCALA, INC.



Principal Place of Business

7101 LAKE ELLENOR DR.  
ORLANDO FL 32809

Mailing Address

7101 LAKE ELLENOR DR.  
ORLANDO FL 32809

3. Date Incorporated or Qualified  
06/02/1986

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 8501 Commodity Circle

26 8501 Commodity Circle

4. FEI Number

59-2698279

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
Orlando, FL

28 City & State  
Orlando, FL

24 Zip Country  
32819

29 Zip Country  
32819

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JOHN, W.  
7101 LAKE ELLENOR DR.  
ORLANDO FL 32809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
8501 Commodity Circle

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 PD ☐ DELETE  
NAME SMITH, JOHN W.  
STREET ADDRESS 7101 LAKE ELLENOR DR  
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE  
NAME LOPEZ, ERIC, C  
STREET ADDRESS 7101 LAKE ELLENOR DR  
CITY-ST-ZIP ORLANDO FL

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

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 8501 Commodity Circle  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 8501 Commodity Circle  
2.4 CITY-ST-ZIP

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

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

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

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

14. I do 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 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:

*John W. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

407/363-0544

Date

Daytime Phone #

CR2E034 (12/95)