

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 # L02839 (3)

1. Corporation Name

JUST FIT, INC.



Principal Place of Business

C/O MARY ROSE HOLMES
3105 BAY TO BAY BLVD SUITE 7
TAMPA FL 33629

Mailing Address

C/O MARY ROSE HOLMES
3105 BAY TO BAY BLVD SUITE 7
TAMPA FL 33629

2. Principal Place of Business

21 3418 Bay to Bay Blvd

Suite, Apt. #, etc.

22 City & State

23 Tampa FL

24 Zip 33629

25 Country USA

2a. Mailing Address

26 3418 Bay to Bay Blvd

Suite, Apt. #, etc.

27 City & State

28 Tampa FL

29 Zip 33629

30 Country USA

3. Date Incorporated or Qualified

07/17/1989

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2955253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

HOLMES, MARY ROSE
5800 GORDON AVENUE
TAMPA FL 33611

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
HOLMES, MARY ROSE
STREET ADDRESS 5800 GORDON AVENUE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME VP
WARD, SHERI
STREET ADDRESS 3116 DORCHESTER AVE.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME ST
HOLMES, DWIGHT
STREET ADDRESS 5800 GORDON AVE.
CITY-ST-ZIP TAMPA 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

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: Mary Rose Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 813-831-2136
DATE DAYTIME PHONE #

CR2E034 (12/95)