FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:45

DOCUMENT # **L21653** **(5)**

1. Corporation Name
WALLY'S GYM, INC.

Principal Place of Business	Mailing Address
% PATT RACHFORD 1006 TERRY DRIVE ALTAMONTE SPRINGS FL 32714	% PATT RACHFORD 1006 TERRY DRIVE ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1989
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business
21 600 HWY 17-92, NORTH
Suite, Apt. #, etc.
LONGWOOD FLORIDA
City & State
2750
Country
25 SEMINOLE

2a. Mailing Address
26 % M.R. CROUCH
Suite, Apt. #, etc.
27 2002 SEPLER DR
City & State
28 FERN PARK FL
Zip
29 32730-3111
Country
30 SEMINOLE

4. FEI Number: 59-2969798 ☐ 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

9. Name and Address of Current Registered Agent

RACHFORD, PATRICIA W.
600 HWY. 17-92 NORTH
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

91 Name: M. R. CROUCH
92 Street Address (P.O. Box Number is Not Acceptable): 2002 SEPLER DR.
93
94 City: FERN PARK FL 95 Zip Code: 32730

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: M. R. Crouch 4/1/95 wb 2-22-95
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	DPT	11 TITLE	☐ Change ☐ Addition
NAME	RACHFORD, WALLACE M. JR.	12 NAME	
STREET ADDRESS	1006 TERRY DR	13 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPGS FL	14 CITY ST ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	RACHFORD, PATRICIA W.	22 NAME	
STREET ADDRESS	1006 TERRY DR	23 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPGS FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: [signature] 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ON BEHALF OF OFFICER OR DIRECTOR DATE

Electronic Filer #

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