


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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90099 049 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # L29558

1. Corporation Name

B-FIT PERSONAL TRAINING CORPORATION

Principal Place of Business

16814 BLENHEIM DR
LUTZ FL 33549

Mailing Address

16814 BLENHEIM DR
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1989

4. FEI Number

65-0168381

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

2. Principal Place of Business

21 3671 W. Waters Avenue

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL 33614

Zip

Country

24 33614

25 U.S.

2a. Mailing Address

26 3671 W. Waters Avenue

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

Zip

Country

29 33614

30 U.S.

9. Name and Address of Current Registered Agent

ADDINGTON-WEIKEL, CHARLOTTE
1023 E POWHATTAN AVE
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name

Addington-Weikel, Charlotte

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

3671 W. Waters Avenue

83

84 City

Tampa,

FL

85 Zip Code

33614

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

TITLE DP ☐ DELETE
NAME ADDINGTON-WEIKEL, CHARLOTTE
STREET ADDRESS 16814 BLENHEIM DR
CITY-ST-ZIP LUTZ FL 33549

TITLE DST ☐ DELETE
NAME WEIKEL, FRED A.
STREET ADDRESS 16814 BLENHEIM DR
CITY-ST-ZIP LUTZ FL 33549

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
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 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:

Charlotte Addington-Weikel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLOTTE ADDINGTON-WEIKEL

4/16/99

Date

(813)

915-8223

Daytime Phone #

CR2E034 (1/1/98)

0377084