# 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

APPROVED AND FILED

95 MAY -3 AM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39727

1. Corporation Name

Hernando Beach Gym Inc

| Principal Place of Business | Mailing Address |
|---|---|
| 4090 Shoal Line BLVD<br>Spring Hill FL 34607 | 7102 Porpoise St<br>Spring Hill FL<br>34607 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-27-1989
3a. Date of Last Report: 5-1-94

| | | |
|---|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) | 4. FEI Number: 59-2986742 ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27) | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| City & State (23) | City & State (28) | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |
| Zip (24) County (25) | Zip (29) County (30) | 8. This corporation has filed, or elected to file, an S corporation tax return under S. 1362 of the Internal Revenue Code ☐ Yes ☐ No |

9. Name and Address of Current Registered Agent

Archibald, Steve A.
4090 Shoal Line BLVD
Spring Hill FL 34607

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

$1200

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's signature required when reinstating) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY ST ZIP | DP<br>Archibald, Steve A.<br>7102 Porpoise St<br>Spring Hill FL 34607 | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY ST ZIP | ☐ Change ☐ Addition |
| 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY ST ZIP | DST<br>Archibald, Darlene M.<br>7102 Porpoise St<br>Spring Hill FL 34607 | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY ST ZIP | ☐ Change ☐ Addition<br>200001476492<br>-05/04/95--01132--002<br>****400.00 ****200.00 |
| 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY ST ZIP | | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY ST ZIP | ☐ Change ☐ Addition |
| 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY ST ZIP | | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY ST ZIP | ☐ Change ☐ Addition |
| 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY ST ZIP | | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY ST ZIP | ☐ Change ☐ Addition |
| 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY ST ZIP | | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY ST ZIP | ☐ Change ☐ Addition<br>CH |

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 the 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: Darlene M Archibald — 4-25-95 (Date) — 904-596-0085 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Darlene M Archibald Vice President