FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 PM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L55723 (5)

1. MARIANNA ATHLETIC CLUB, INC.

Principal Place of Business:
C/O GLENDA F SWEARINGEN
202 EAST LAFAYETTE ST
MARIANNA FL 32446

Mailing Address:
4431 LAFAYETTE ST
202 EAST LAFAYETTE ST.
MARIANNA FL 32446
US

3. Date Incorporated: 03/05/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3019719
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

2. Principal Place of Business (change):
21 2993 Smith Street
22
23 Marianna,FL
24 32446

2a. Mailing Address (change):
26
27
28
29
30

9. Name and Address of Current Registered Agent

SWEARINGEN, GLENDA F.
4431 LAFAYETTE ST
MARIANNA FL 32446

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

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

Title	DPS
Name	EDWARDS, TERRY J.
Street Address	2993 SMITH ST
City-St-Zip	MARIANNA FL
Title	T
Name	EDWARDS, TERRY J.
Street Address	2993 SMITH ST
City-St-Zip	MARIANNA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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 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 or 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0032121 CP