

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 OCT 23 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L55723 (5)

1. Corporation Name  
MARIANNA ATHLETIC CLUB, INC.

Principal Place of Business

2993 SMITH STREET  
202 EAST LAFAYETTE ST.  
MARIANNA FL 32446  
US

Mailing Address

4431 LAFAYETTE ST  
202 EAST LAFAYETTE ST.  
MARIANNA FL 32446  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/05/1990  
3a. Date of Last Report 07/05/1996

2. Principal Place of Business  
21 4230 G Lafayette Street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 4779 Archery Lane  
Suite, Apt. #, etc.

4. FEI Number 59-3019719  
Applied For  
Not Applicable

22 City & State  
23 Marianna, FL

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

24 Zip 32446  
25 Country Jackson

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

26 City & State  
27 Marianna, FL

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

28 Zip 32446  
29 Country Jackson

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
SWEARINGEN, GLENDA F.  
4431 LAFAYETTE ST  
MARIANNA FL 32446

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 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 Glenda F. Swearingen  
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/15/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DPS			
	EDWARDS, TERRY J.	2993 SMITH ST	MARIANNA FL	<input type="checkbox"/>
	EDWARDS, TERRY J.	2993 SMITH ST	MARIANNA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		4779 Archery Lane	Marianna, FL 32446	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4779 Archery Lane	Marianna, FL 32446	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

REINSTATEMENT  
REINSTATEMENT

300002330673--8  
10/27/97 01144 087  
\*\*\*\*750.00 \*\*\*\*750.00

14. I do 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.

SIGNATURE Terry J. Edwards 10/21/97 482-3415

CR2E034 (4/97)