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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L69252**

1. Corporation Name
PHYSICALLY FIT OF JAX, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 8526 GRAYBAR DRIVE
 8526 GRAYBAR DRIVE
 JACKSONVILLE FL 32221
 US

Mailing Address
 PO BOX 61222
 8526 GRAY BAR DR
 JACKSONVILLE FL 32235
 US

3. Date Incorporated or Qualified
05/01/1990

4. FEI Number
59-3007320

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 **8526 Graybar Dr**

2a. Mailing Address
 26 **PO Box 61222**

Suite, Apt. #, etc.
 27

City & State
 23 **Jax**

City & State
 28 **Jax**

Zip Country
 24 **32221** 25 **Duval**

Zip Country
 29 **32236** 30 **Duval**

9. Name and Address of Current Registered Agent

RICE, CHERYL
8526 GRAYBAR DRIVE
JACKSONVILLE FL 32221

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 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 *Cheryl A. Myers* DATE **4-30-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RICE, CHERYL	
STREET ADDRESS	8526 GRAYBAR DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	Cheryl A. Myers	<input type="checkbox"/> DELETE
NAME	8526 Graybar Dr.	
STREET ADDRESS	Jax. Fl. 32221	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OWNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cheryl Myers	
1.3 STREET ADDRESS	8526 Graybar	
1.4 CITY-ST-ZIP	Jax. Fl. 32221	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cheryl A. Myers* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)