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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.

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

2. Principal Place of Business

21 8526 Graybar Dr

Suite, Apt. #, etc.

22 City & State

23 JAX

24 Zip 32221 25 Country Duval

2a. Mailing Address

26 PO Box 61222

Suite, Apt. #, etc.

27 City & State

28 JAX

29 Zip 32236 30 Country Duval

9. Name and Address of Current Registered Agent

RICE, CHERYL
8526 GRAYBAR DRIVE
JACKSONVILLE FL 32221

3. Date Incorporated or Qualified

05/01/1990

4. FEI Number

59-3007320

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RICE, CHERYL
STREET ADDRESS 8526 GRAYBAR DRIVE
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE ~~Sheryl A Myers~~
NAME ~~8526 Graybar Dr.~~
STREET ADDRESS ~~Jax. Fl. 32221~~
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OWNER
1.2 NAME Cheryl Myers
1.3 STREET ADDRESS 8526 Graybar
1.4 CITY-ST-ZIP Jax. Fl. 32221

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)