

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064205 (6)**

1. Corporation Name:
HODGES' FITNESS CENTER, INC.

Principal Place of Business: **RT 2 BOX 2684 GLEN ST MARY FL 32040**
Mailing Address: **RT 2 BOX 2782 BLAIR GLEN ST. MARY FL 32040**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		09/07/1993	09/30/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-3202934	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
25. County		30. County		6. This corporation has liability for intangible tax under Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HODGES, MARCUS RT 2 BOX 2782 BLAIR GLEN ST. MARY FL 32040				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.06(2) Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Officer) _____ (Signature of Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	STD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	HODGES, PATRICK O	2. NAME	
3. STREET ADDRESS	RT 2 BOX 2684	3. STREET ADDRESS	
4. CITY & STATE	GLEN ST. MARY FL 32040	4. CITY & STATE	
5. TITLE	PO	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	HODGES, MARCUS W	6. NAME	
7. STREET ADDRESS	RT 2 BOX 2782 BLAIR	7. STREET ADDRESS	
8. CITY & STATE	GLEN ST. MARY FL 32040	8. CITY & STATE	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.06(2)(b) Florida Statutes. I further certify that the information made about me by the principal 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 trustee empowered to execute this report as required by Chapter 607 Florida Statutes and that my name appears in Block 1, or Block 10 if changed or on an attachment with an address.

SIGNATURE: *Marcus W. Hodges*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marcus W. Hodges
 2-21-95
 (904) 259-5671