FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:07

DOCUMENT # P93000069135 (0)

1. Corporation Name
FUN TO BE FIT, INC.

Principal Place of Business	Mailing Address
413 W S. PARK ST OKEECHOBEE FL 34794 US	% 912 SW 7TH AVE OKEECHOBEE FL 34794 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 413 W S Park St
22: Suite, Apt. #, etc.
23: City & State: Okeechobee, FL
24: Zip: 34974 25: Country: USA

2a. Mailing Address
26: 912 SW 7th ave
27: Suite, Apt. #, etc.
28: City & State: Okeechobee
29: Zip: FL 34974 30: Country: US

4. FEI Number: 65-0185795 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHOFNER, DEBRA
912 S.W. 7TH AVE.
OKEECHOBEE FL 34794

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: Debra Shofner Debra Shofner May 1, 1995
(Signature, typed or printed name of Registered Agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SHOFNER, DEBRA	12 NAME	
STREET ADDRESS	912 S.W. 7TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	OWENS, WILMA	22 NAME	
STREET ADDRESS	3806 S.W. 16TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	OWENS, BILL	32 NAME	
STREET ADDRESS	3806 S.W. 16TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HURLEY, MARY	42 NAME	
STREET ADDRESS	4390 S.E. 5TOH	43 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1.
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Debra Shofner May 1 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Debra Shofner

0487169 FN