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

APPROVED AND FILED

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038205 (8)

1. Corporate Name
PRE-FIT FRANCHISE #22, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
16105 N FLORIDA AVE SUITE A LUTZ FL 33549	16105 N FLORIDA AVE SUITE A LUTZ FL 33549

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21 PRE-FIT
22 13542 N. FLORIDA AVE., SUITE 210
23 TAMPA, FL 33613

4. FEI Number: 59-3237906 ☐ 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

24 Zip: 33617 25 County 29 Zip: 33617 30 County: Hills

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OLSON, SHELLY
16105 N FLORIDA AVE
SUITE A
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
PRE-FIT
13542 N. FLORIDA AVE., SUITE 210
TAMPA, FL 33613

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above ... 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 ... I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
01 PD NAME OLSON, ROBERT M STREET ADDRESS 16105 N FLORIDA AVE SUITE A CITY-ST-ZIP LUTZ FL 33549	☒ Change ☐ Addition PRE-FIT 13542 N. FLORIDA AVE., SUITE 210 TAMPA, FL 33613
02 STD NAME OLSON, SHELLY R STREET ADDRESS 16105 N FLORIDA AVE SUITE A CITY-ST-ZIP LUTZ FL 33549	☒ Change ☐ Addition PRE-FIT 13542 N. FLORIDA AVE., SUITE 210 TAMPA, FL 33613
03 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
04 NAME STREET ADDRESS CITY-ST-ZIP	41 ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
05 NAME STREET ADDRESS CITY-ST-ZIP	51 ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
06 NAME STREET ADDRESS CITY-ST-ZIP	61 ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this report is true, 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 above, or on an attachment with an blank, if any.

SIGNATURE: Shelly R. Olson 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0207127 CP