FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT: •
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046920 (1)

GAINESVILLE ATHLETIC CLUB, INC.

Principal Place	e of Business	Mailing Ad	Mailing Address					IOBIIJEI 110 I	BIBI BIIII BYIII 31	IIII Va lui Ba ile A	IIII II BIII BIII I III II	
1925 NW 2ND AVENUE		P.O. BOX	P.O. BOX 141621									
SUITE B			GAINESVILLE FL 32614			DO NOT WRITE IN THIS SPACE						
GAINESVILLE FL 32809 US		US	US			3. Date Incorporated or Qualified						
00								5/15/199				
2. Principal Pl	ace of Business	2a. Mailing	Address					Number	· · · · · · · · · · · · · · · · · · ·		A	pplied For
21		26						59-3368	734		 	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.							\$8.75	Additional	
22		27				b. Cer	tinicate of a	Status Desired	<u> </u>	Fee R	equired	
City & State	9	City & S	City & State			6. Elec	ction Camp	oaign Financir	ng	\$5.00	May Be	
23		28		,			Trus	st Fund Co	ontribution	L	Added	to Fees
Zip	Country	Ziρ			ıntry					•	current year In	
24	25	29		30					erty Tax due			No
	9. Name and Address of Curren		gent		81	Name 🔨					O Agent	
	RPORATION SERVICE COMPAN	Υ			"	Name (-)	NDR	CA.	BOYD)		
1201 HAYS STREET					82	Street Agldi	г е в \$-{P ₁ O. В	Вох Литр	r is Not Acc	eplable),	-	
TAI	LLAHASSEE FL 32301-2525				83	σ	001	<u> </u>	9/	7 2 1		
1					63							
					84	City A	Lada				85 Z p.	Code /
44 Pussuant	to the previous of Euclieus 607 050	ti malicitz seno	Elorido Stolut	oc the a	hovo		lach	hmite this	etatement for	the number		
office or r	to the provisions of Sections 607,050 ogistered agent, of both, in the State m familial with, and accept the objig	of Jorida Sych	c)iange was a	aulhorize	d by	the corporal	tion's board	d of direct	ors. I hereby a	accept the a	ppointment as	registered
agent la	m familial with, and accept the object	alyn ys ol, Sortion	1 6 07.0505, FIG	orida Stat	tutes					4/29	10 V	
SIGNATURE	Stonature typed or printed name of rejectored as		/	E Bagistero	d Ager	at signature requi	and when reinst	lat.ng)		DAY	<u> </u>	
12.	OFFICERS MY	D DIRECTORS		13.					ANGES TO C	OFFICERS A	ND DIRECTO	R\$ IN 12
TITLE	D		DELETE	1.1 11	TLE						Change	Addition
NAME	FLOYD, JOAN		1.2		1.2 NAME							
STREET ADDRESS	508 SW MARION OAKS DRIV	Ē		1.3 \$	IREFT.	ADURESS						
CITY-ST-ZIP	OCALA FL			1.4 C	1TY-\$1	1 - ZIP						
TITLE	S T		DELETE	2.1 TI	TLE						☐ Change	Addition
NAME	B OYD, ANDREA				2.2 NAME							
STREET ADDRESS	6801 NW 214 STT			2.3 S	TREET	address						
CITY-\$1-ZIP	<u>a</u> lachua fl			2 4 0	HY-S	T - ZIP						
TITLE			DELETE	3.1 71	TLF						Change	Addition
NAME				3.2 N	AM E							
STREET ADDRESS				335	TREET .	address						
CITY-\$T-ZIP				3.4.0	XTY-S	T-ZIP						
TITLE			☐ DELFTE	4.1 11	TLE						L Change	
NAME				4. 2 h	EAME							
STREET ADDRESS				4 3 S	THEET	address						
CITY-ST-ZIP				_	ΠY-SI	- ZIP						
TITLE			DELETE	5.1 TO	TLE						Change	Addition
NAME				5 2 N	AME							
STREET ADDRESS				5 3 5	TREET	ADDRESS						
CITY-ST-ZIP					ITY-SI	r-ZIP					——————————————————————————————————————	A + Dot
TITLE			DELETE	611							Change	☐ Addition
NAME				62 N	AME							
STREET ADDRESS				63 S	TAEET	ADDRESS						

64 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 suppliemental 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 outpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chainpoid, or organ althought with any address.

FILED

May 18 1998 8:00am

Secretary of State