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FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000066798 (6)

1. Corporation Name

THE FUN & FITNESS ACADEMY, INC.



Principal Place of Business

Mailing Address

1751 GROVE DR
CLEARWATER FL 34619

1751 GROVE DR
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2451 McMullen Booth Rd

2a. Mailing Address

26 2451 McMullen Booth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 200 Suite

City & State

City & State

23 Clearwater FL

28 Clearwater FL 33759

Zip

County

Zip

County

24 33759

25 Pinellas

29

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTON, JACKIE
1751 GROVE DR
CLEARWATER FL 34619

81 Name

JACKIE BARTON

82 Street Address (P.O. Box Number is Not Acceptable)

341 Woodlake Wynde

83

84 City

Oldsmar

FL

85 Zip Code

34677

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

T. Retherford TODD RETHERFORD

4/3/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BARTON, JACKIE
STREET ADDRESS 1751 GROVE DR
CITY-ST-ZIP CLEARWATER FL 34619

1.1 TITLE

JACKIE BARTON

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME RETHERFORD, TODD
STREET ADDRESS 1751 GROVE DR
CITY-ST-ZIP CLEARWATER FL 34619

2.1 TITLE

Director

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ 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.

SIGNATURE:

T. Retherford

TODD RETHERFORD

4/3/98 813 725 2460

CR2E034 (10/97)