SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000076504 (6) DOCUMENT # LITTLE GYM OF LAKELAND, INC. Mailing Address Principal Place of Business 6127 DOE CIRCLE WEST 6127 DOE CIRCLE WEST LAKELAND FL 33809 LAKELAND FL 33809 3a. Date of Last Report 3. Date Incorporated or Qualified 10/02/1995 Applied For A FELNumber 2a. Mailing Address Principal Place of Business 2. Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032, Country Country Zio Ζiρ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CARLTON, CHARLES L 2120 LAKELAND HILLS BLVD. Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33805** 83 Zip Code 85 64 City 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Age it signature required when reliasting) Signature, typed or print. I have of rejectered agent and title, flapply able (3.6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1181.6 TITLE CR2E034 1.2 NAME REES. RICHARD T NAME 6127 DOE CIRCLE WEST 1.3 STREET ADDRESS STREET ADDRESS **LAKELAND FL 33809** 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 21P CITY - ST - ZIP Change Addition DELETE 3 1 TIFLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-ZIP Change \_\_\_\_ Addition DELETE 41 Tike TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY-ST-ZIF Change \_\_\_\_ Addition DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TiTLE TITLE 6.2 NAME NAME

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)(k). 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 eath, that i am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 13 if changed, or on an attachment with an address that my name aou

6.3 STREET ADDRESS

6 4 City - St. ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP