

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000090094 (0)

1. Corporation Name

MEDALIST ALL-STAR GYMNASTICS, INC.



Principal Place of Business

Mailing Address

5618 LEE STREET NORTHEAST
ST. PETERSBURG FL 33703

5618 LEE STREET NORTHEAST
ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6551 43rd Street North

26 same

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 #1402/1403

27 City & State

City & State

23 Pinellas Park, Florida

28 Zip

Zip

24 34665

Country

Country

25 USA

29

Country

26

30

4. FEI Number

65-0629646

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

10. Name and Address of New Registered Agent

CRANE, CYNTHIA A
5618 LEE STREET NORTHEAST
ST. PETERSBURG FL 33703

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CRANE, CYNTHIA A
STREET ADDRESS 5618 LEE STREET NORTHEAST
CITY - ST - ZIP ST. PETERSBURG FL 33703

☐ DELETE

1.1 TITLE D & P
1.2 NAME Cynthia A. Crane
1.3 STREET ADDRESS 5618 Lee Street Northeast
1.4 CITY - ST - ZIP St. Petersburg, Florida 33703

☒ Change ☐ Addition

TITLE D
NAME ADAMS, MICHAEL
STREET ADDRESS 4240 67TH AVENUE
CITY - ST - ZIP PINELLAS PARK FL 34685

☐ DELETE

2.1 TITLE D & VP
2.2 NAME Kristin Frey
2.3 STREET ADDRESS 404 1st Avenue South
2.4 CITY - ST - ZIP Tierra Verde, Florida 33715

☒ Change ☐ Addition

TITLE D
NAME FREY, KRISTIN
STREET ADDRESS 404 1ST AVENUE SOUTH
CITY - ST - ZIP TIERRA VERDE FL 33715

☐ DELETE

3.1 TITLE D & T
3.2 NAME Jeanene Soltis
3.3 STREET ADDRESS 150 87th Avenue North
3.4 CITY - ST - ZIP St. Petersburg, FL 33702

☒ Change ☐ Addition

TITLE D
NAME OAKES, VERONIKA
STREET ADDRESS 7694 62ND STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL 34665

☐ DELETE

4.1 TITLE D & S
4.2 NAME Veronika Oakes
4.3 STREET ADDRESS 7694 62nd Street North
4.4 CITY - ST - ZIP Pinellas Park, Florida 34665

☒ Change ☐ Addition

TITLE D
NAME SIMS, GAIL
STREET ADDRESS 2582 60TH AVENUE SOUTH
CITY - ST - ZIP ST. PETERSBURG FL 33712

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME SOLTIS, SHELLI
STREET ADDRESS 150 87TH AVENUE NORTH
CITY - ST - ZIP ST. PETERSBURG FL 33702

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Cynthia A Crane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96
DATE

813-898-5151
Daytime Phone #

CR2E034 (3/96)