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FILED

Feb 11 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 # P95000090094 (0)

1. Corporation Name

MEDALIST ALL-STAR GYMNASTICS, INC.

Principal Place of Business

6551 43RD STREET NORTH  
#1402/1403  
PINELLAS PARK FL 34665  
US

Mailing Address

6551 43RD STREET NORTH  
#1402/1403  
PINELLAS PARK FL 34665  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24 33781

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29 33781

30

9. Name and Address of Current Registered Agent

CRANE, CYNTHIA A  
5818 LEE STREET NORTHEAST  
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME CRANE, CYNTHIA A  
STREET ADDRESS 5818 LEE STREET NORTHEAST  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

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

☐ DELETE

TITLE DT  
NAME SOLTIS, JEANENE  
STREET ADDRESS 150 87TH AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET 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 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:

Cynthia A. Crane

Cynthia A. Crane 1-21-98

(813) 898-5151

CFR2034 (10/97)