

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90099 007 ***150.00

DOCUMENT # P95000090094

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 ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

33781

33781

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 Cynthia A. Crane, President

1-4-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

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

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Rene Carroll
1.3 STREET ADDRESS 2226 46th Avenue North
1.4 CITY-ST-ZIP St. Petersburg, FL 33714

TITLE DVP ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE: Cynthia A. Crane REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

(727) 898-5151

Daytime Phone #

CR2E034 (11/98)