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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000096466 (3)

1. Corporation Name

ASSOCIATION OF PROFESSIONAL TRAINERS, INCORPORATED

Principal Place of Business

Mailing Address

57 OLDE CYPRESS CIRCLE, NW
FORT WALTON BEACH FL 32548

57 OLDE CYPRESS CIRCLE, NW
FORT WALTON BEACH FL 32548-4637



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 4386

22 City & State

27 City & State

23 Zip

Country

28 Ft. Walton Bch., FL.

29 Zip

30 OKALOOSA

3. Date Incorporated or Qualified

11/27/1996

3a. Date of Last Report

N/A

4. FEI Number

☒ 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

YOUNG, MARILYN J
57 OLDE CYPRESS CIRCLE, NW
FORT WALTON BEACH FL 32548

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	D	<input type="checkbox"/> DELETE
NAME	DUTTON, JEAN C	
STREET ADDRESS	325 NW BEAL PARKWAY	
CITY - ST - ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAROFALO, ANGELINA M	
STREET ADDRESS	119 MONAHAN DRIVE, APT. 80	
CITY - ST - ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, VIRGINIA	
STREET ADDRESS	821 DENTON BLVD., APT. 1706	
CITY - ST - ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEASLEY, REBECCA	
STREET ADDRESS	31 OVERSTREET	
CITY - ST - ZIP	MARY ESTHER FL 32569	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKENBOTHAM, DE A	
STREET ADDRESS	12 TALL PINES TRAIL	
CITY - ST - ZIP	SHALIMAR FL 32579	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HONTZ, JEAN	
STREET ADDRESS	1745 18TH STREET	
CITY - ST - ZIP	NICEVILLE FL 32578	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAROLYN SPENCER	
1.3 STREET ADDRESS	650 WILLOWOOD ST.	
1.4 CITY - ST - ZIP	MARY ESTHER, FL. 32569	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARILYN J. YOUNG	
2.3 STREET ADDRESS	57 OLDE CYPRESS CIRCLE, N.W.	
2.4 CITY - ST - ZIP	FT. WALTON Bch, FL. 32548	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

MARILYN J. YOUNG
MARILYN J. YOUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/97

904-244-4753

Date Daytime Phone 0011849

CR2E034 (9/96)