

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90191 002 \*\*\*150.00

DOCUMENT # P96000096466

1. Corporation Name

ASSOCIATION OF PROFESSIONAL TRAINERS, INCORPORATED

Principal Place of Business  
57 OLDE CYPRESS CIRCLE, NW  
FORT WALTON BEACH FL 32548

Mailing Address  
P.O. BOX 4386  
FORT WALTON BEACH FL 32549  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1996

4. FEI Number

59-3426304

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 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME DUTTON, JEAN C  
STREET ADDRESS 325 NW BEAL PARKWAY  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE D ☐ DELETE  
NAME GAROFALO, ANGELINA M  
STREET ADDRESS 119 MONAHAN DRIVE, APT. 80  
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☐ DELETE  
NAME GREEN, VIRGINIA  
STREET ADDRESS 921 DENTON BLVD., APT. 1706  
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☐ DELETE  
NAME HEASLEY, REBECCA  
STREET ADDRESS 31 OVERSTREET  
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE D ☐ DELETE  
NAME HICKENBOTHAM, DE A  
STREET ADDRESS 12TALL PINES TRAIL  
CITY-ST-ZIP SHALIMAR FL 32579

TITLE D ☐ DELETE  
NAME HONTZ, JEAN  
STREET ADDRESS 1745 18TH STREET  
CITY-ST-ZIP NICEVILLE FL 32578

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME CAROLYN P. SPENCER  
1.3 STREET ADDRESS 650 WILDWOOD ST.  
1.4 CITY-ST-ZIP MARY ESTHER, FL 32569

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME MARILYN J. YOUNG  
2.3 STREET ADDRESS 57 OLDE CYPRESS CIRCLE, NW.  
2.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32549

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

SIGNATURE REQUIRED

Date

Daytime Phone #

04-26-99 850-862-6683

CR2E034 (1/98)