

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000002450**
1. Corporation Name:

Body Quest INC,

Principal Place of Business: **1300 EAST PARK AVENUE**
Tallahassee, FL, 32301-2861

DO NOT WRITE IN THIS SPACE

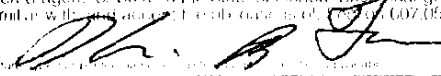
2. Principal Place of Business: 21 1300 E Park Ave Suite, Apt. #, etc. 22 and City & State: 23 Tallahassee, FL Zip: 24 32301 Country: 25 WA	2a. Mailing Address: 26 Jamp Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30
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3. Date Incorporated or Qualified	4. FLI Number 59-3419287	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		

9. Name and Address of Current Registered Agent
Kevin Farris
3001 Oak Hammock Ln. Apt. C.
Tallahassee, FL 32301

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Numbers Not Acceptable)	
83	
84 City	85 Zip Code
FL	

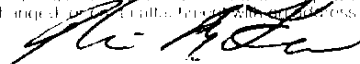
11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0605, Florida Statutes.

SIGNATURE:  DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	Kevin Farris
STREET ADDRESS	3001 Oak Hammock Ln. Apt. C.
CITY-ST-ZIP	TALL, FL 32301
TITLE	☐ DELETE
NAME	LYNNVINE L. THOMPSON JR.
STREET ADDRESS	2640 STONEGATE DR.
CITY-ST-ZIP	TALL, FL 32308
TITLE	☐ DELETE
NAME	VICE PRESIDENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE	
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 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 sole owner of the corporation; and that I am qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:  DATE: **4/31/98** FILING FEE: **877-3500**

CR2E034 (10/97)