

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

FILED

Mar 19 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 # P97000011340 (1)

1. Corporation Name

PHILIP POLLARD PERSONAL TRAINING, INC.

Principal Place of Business

532 SCHNEIDER DRIVE
APT B
FORT WALTON BEACH FL 32547

Mailing Address

532 SCHNEIDER DRIVE
APT B
FORT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

59-3430606

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

21 119 Oakhill Avenue
Suite, Apt. #, etc.

22 City & State

23 Ft Walton Beach FL
Zip 32547 Country U.S.

24 32547 25 U.S.

2a. Mailing Address

26 119 Oakhill Avenue
Suite, Apt. #, etc.

27 City & State

28 Ft Walton Beach FL
Zip 32547 Country U.S.

29 32547 30 U.S.

9. Name and Address of Current Registered Agent

POLLARD, PHILIP
532 SCHNEIDER DRIVE
APT B
FORT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name Pollard Philip
82 Street Address (P.O. Box Number is Not Acceptable)
119 Oakhill Avenue
83
84 City Ft Walton Beach FL 85 Zip Code 32547

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

OFFICERS AND DIRECTORS

☐ DELETE

12. TITLE PTD
NAME POLLARD, PHILIP
STREET ADDRESS 532 SCHNEIDER DR, APT B
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PTD
Pollard Philip
119 Oakhill Avenue
Ft Walton Beach FL 32547

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 of the receiver, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, change or new entry attached, with an address.

SIGNATURE:

PHILIP S. POLLARD 3/13/98 (850) 841-1461

CR2E034 (10/97)