

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
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90060 014 ***150.00

DOCUMENT # P98000014824

1. Corporation Name
HIGHPOINT CENTER HEALTH CLUB, INC.

Principal Place of Business
ONE PROGRESS PLAZA
SUITE 1500
ST PETERSBURG FL 33701

Mailing Address
ONE PROGRESS PLAZA
SUITE 1500
ST PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number
59-3493173

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

21 450 Carillon Parkway
Suite, Apt. #, etc.

26 450 Carillon Parkway
Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip Country
24 33716 25 USA

Zip Country
29 33716 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, SUSAN G
ONE PROGRESS PLAZA
SUITE 1500
ST PETERSBURG FL 33701

81 Name
Susan G. Johnson

82 Street Address (P.O. Box Number is Not Acceptable)
450 Carillon Parkway, Suite 200

83

84 City St. Petersburg FL 85 Zip Code 33716

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

Susan G. Johnson

3/29/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE PD
NAME HIGGINS, RAYMOND F
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST PETERSBURG FL 33701

1.1 TITLE D/P
1.2 NAME Raymond F. Higgins
1.3 STREET ADDRESS 450 Carillon Parkway, Suite 200
1.4 CITY-ST-ZIP St. Petersburg, FL 33716

TITLE VSD
NAME JOHNSON, SUSAN G
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST PETERSBURG FL 33701

2.1 TITLE D/V/S
2.2 NAME Susan G. Johnson
2.3 STREET ADDRESS 450 Carillon Parkway, Suite 200
2.4 CITY-ST-ZIP St. Petersburg, FL 33716

TITLE VTD
NAME HOBBS, JAMES R JR
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST PETERSBURG FL 33701

3.1 TITLE D/V/T
3.2 NAME James R. Hobbs, Jr.
3.3 STREET ADDRESS 450 Carillon Parkway, Suite 200
3.4 CITY-ST-ZIP St. Petersburg, FL 33716

TITLE S
NAME CRISP, AMY L
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST PETERSBURG FL 33701

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

TITLE S
NAME MCDONALD, SHERRY L
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST PETERSBURG FL 33701

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

TITLE
NAME
STREET ADDRESS
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 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:

Susan G. Johnson

3/29/99 727-803-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0405170