

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90005 020 ***550.00

DOCUMENT # **P98000093644**

1. Corporation Name

UNIVERSAL HEALTH & FITNESS, INC.



Principal Place of Business

**5349 HIGHWAY AVENUE
JACKSONVILLE FL 32254**

Mailing Address

**5349 HIGHWAY AVENUE
JACKSONVILLE FL 32254**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1998

4. FEI Number

59-3545096

Applied For

Not Applicable

2. Principal Place of Business

21 5810-3 Normandy Blvd.

2a. Mailing Address

26 5810-3 Normandy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Jacksonville FL

City & State

28 Jacksonville, FL

Zip

24 32205

Country

Zip

29 32205

Country

30

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.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**EIDSON, WILLIAM C
5349 HIGHWAY AVENUE
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5810-3 Normandy Blvd.

83

84 City

FL

85 Zip Code

32205

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** ☐ DELETE

NAME **EIDSON, WILLIAM C**
STREET ADDRESS **5349 HIGHWAY AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **D** ☐ DELETE

NAME **EIDSON, VELVET W**
STREET ADDRESS **5349 HIGHWAY AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **5810-3 Normandy Blvd.**
1.4 CITY-ST-ZIP **32205**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **5810-3 Normandy Blvd.**
2.4 CITY-ST-ZIP **32205**

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.

SIGNATURE: **WILLIAM C. EIDSON** 8-01-99 378-1551

CR2E034 (5/99)