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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03151 (0)

1. Corporation Name

USA GYMNASTICS OF FLORIDA, INC.



Principal Place of Business

P.O. BOX 158
WORTHINGTON SPRINGS FL 32697

Mailing Address

P.O. BOX 158
WORTHINGTON SPRINGS FL 32697-0158

3. Date Incorporated or Qualified

12/23/1991

3a. Date of Last Report

09/25/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCREYNOLDS, RONNIE
2700 S.W. ARCHER ROAD
SUITE D-27
GAINESVILLE FL 32608

81 Name

RONNIE MCREYNOLDS

82

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

2700 BOX 83

83

84

City GAINESVILLE

FL

85

Zip Code

32653

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 the 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

MCREYNOLDS, RONNIE

STREET ADDRESS

190 SW 4TH AVE.

CITY - ST - ZIP

LAKE BUTLER FL

TITLE

D

DELETE

NAME

MCREYNOLDS, JONI

STREET ADDRESS

190 SW 4TH AVE.

CITY - ST - ZIP

LAKE BUTLER FL

TITLE

D

DELETE

NAME

MCREYNOLDS, JONI

STREET ADDRESS

190 SW 4TH AVE.

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TITLE

D

DELETE

NAME

MCREYNOLDS, JONI

STREET ADDRESS

190 SW 4TH AVE.

CITY - ST - ZIP

LAKE BUTLER FL

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 do 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:

RONNIE MCREYNOLDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

Date

(904)

496-1098

Daytime Phone

CR2E034 (9/96)