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 10, 1999 8:00 am Secretary of State

03-10-1999 90004 043 ***150.00

DOCUI	MENT # V4236	3		\	
1. Corporation Name FUN AND FIT BUS COMPANY, INC.					
Principal Place	e of Business	Mailing Address		T 1001: Eviall Billia illia Billia Billia Sillia Billia Billia Billia Billia Billia Billia Billia Billia Billia	
4010 NW 27TH	LANE	4010 NW 27TH LANE			
GAINESVILLE FL 32606 GAINESVILLE FL 32606				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				06/05/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
2126		├ - -¬ ~		59-3127485 Not Applicable	
		Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional	
22		27		Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zíp	Country	Zip	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
24	9. Name and Address of Curr		30]	10. Name and Address of New Registered Agent	
	3. Name and Address of Con	ent Neglatered Agent	81 Name		
BEN	BENNETT, PHILLIP			Address (D.O. Day Nurshou is Net Assentable)	
4010 N.W. 27TH LANE			82 Street	Address (P.O. Box Number is Not Acceptable)	
GAIN	NESVILLE FL 32606		83		
			24 67	85 Zip Code	
			84 City	FL S Z C C C C C C C C C	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE: F AND DIRECTORS	Registered Agent signature re	aguired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	BENNETT, PHILLIP		1.2 NAME		
STREET ADDRESS	LAGE OF COTILINAL		1.3 STREET ADDRESS	4010 NW 27 Lane Gainesuille PL 32606	
CITY-ST-ZIP	MELROSE FL 32666		1.4 CITY-ST-ZIP	Gainesville FL 32606	
TITLE	D	DELETE	2.1 TITLE	Change Addition	
NAME	BENNETT, LINDA L.		22 NAME	27 1-4	
STREET ADDRESS			2.3 STREET ADDRESS	4010 NW 27 Lane Gainesville FL 32606	
CITY-ST-ZIP	MELROSE FL 32666	□ pciere	2.4 CITY-ST-ZIP	Change Addition	
TITLE		☐ DELETE	31 TITLE		
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME	_	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		□ BELETE	54 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME	☐ Change ☐ Addition	
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	1		■ J J		

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: