FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 26 PM 4:22

DOCUMENT # V63605

1. Corporation Name: The Super Slow Exercise Guild Inc

Principal Place of Business / Mailing Address: 350 Hidden Pines Cir, Casselberry FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-8-92
3a. Date of Last Report: 5-15-94

2. Principal Place of Business: 21 612 Kenwick Cir
2a. Mailing Address: 25 Same

Suite, Apt #, etc: 22 #205
Suite, Apt #, etc: 27

City & State: 23 Casselberry FL
City & State: 28

Zip: 24 32707
Country: 25 USA
Zip: 29
Country: 30

4. FEI Number: 59-3144533 — 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:
Rosemary H Hayes
Maguire, Voorhis + Wells, PA
Two South Orange Plaza
2 South Orange Ave
Orlando FL 32801

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: FL
B5 Zip Code

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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P and VP	1.1 TITLE	P and VP ☒ Change ☐ Addition
NAME	Kenneth M Hutchins	1.2 NAME	Kenneth M Hutchins
STREET ADDRESS	350 Hidden Pines Cir	1.3 STREET ADDRESS	612 Kenwick Cir #205
CITY ST ZIP	Casselberry FL 32707	1.4 CITY ST ZIP	Casselberry FL 32707
TITLE	S and T	2.1 TITLE	S and T ☐ Change ☐ Addition
NAME	Brenda S Hutchins	2.2 NAME	Brenda S Hutchins
STREET ADDRESS	350 Hidden Pines Cir	2.3 STREET ADDRESS	612 Kenwick Cir #205
CITY ST ZIP	Casselberry FL 32707	2.4 CITY ST ZIP	Casselberry FL 32707
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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, again or affiliated with an address.

SIGNATURE: _____ 5/14/95 407-260-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Area Code & Daytime Phone Number
Kenneth M Hutchins