


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90047 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 396216

1. Corporation Name
PALNEZ SCHOOLS, INC.

Principal Place of Business 7822 NORTH 56TH ST TAMPA FL 33617	Mailing Address 7822 NORTH 56TH ST TAMPA FL 33617
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/21/1972	
4. FEI Number 59-1464552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CARTER, MARTHA A.
8009 TIERRE VERDE
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) <i>2181 n. watersedge drive</i>	
83	
84 City <i>Crystal River</i>	85 Zip Code <i>FL 34429</i>

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 *Martha A Carter* DATE *1-20-99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARTER, MARTHA A.	
STREET ADDRESS	8009 TIERRA VERDE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BETHEA, JAMES A. III	
STREET ADDRESS	8009 TIERRA VERDE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BETHEA, MELANIE	
STREET ADDRESS	6309 MISTY LN	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BETHEA, ANN G	
STREET ADDRESS	8009 TIERRA VERDE	
CITY-ST-ZIP	TAMPA FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BETHEA, JAMES A	
STREET ADDRESS	2181 N WATERSEDGE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>2181 n. watersedge drive</i>
1.4 CITY-ST-ZIP	<i>Crystal River, FL 34429</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>2708 Brock Rd</i>
2.4 CITY-ST-ZIP	<i>Plant City, FL 33565-5742</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<i>2708 Brock Rd</i>
4.4 CITY-ST-ZIP	<i>Plant City, FL 33565-5742</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *m* SIGNATURE REQUIRED DATE *1-20-99* 352-795-5675

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)