

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 FEB 24 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-02/28/95--01131--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 710419 (3)  
1. Corporation Name  
MACDONALD TRAINING CENTER, INC.

Principal Place of Business Mailing Address  
4304 BOY SCOUT BOULEVARD TAMPA FL 33607  
4304 BOY SCOUT BOULEVARD TAMPA FL 33607

3. Date Incorporated or Qualified 02/23/1966  
3a. Date of Last Report 02/08/1994  
4. FEI Number 59-0777827  
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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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  
TROCKE, MICHAEL T  
9909 POST ROAD  
ODESSA FL 33556

10. Name and Address of New Registered Agent  
81 Name Michael T. Trocke  
82 Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd.  
83 Suite 2500  
84 City Tampa FL 85 Zip Code 33602

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<del>PB</del>
NAME	<del>STUCK, JEAN</del>
STREET ADDRESS	<del>18285 FLEETWOOD DR</del>
CITY - ST - ZIP	<del>TAMPA FL</del>
TITLE	TD
NAME	FLYNN, PAUL
STREET ADDRESS	425 MONTROSE AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	BOZEMAN, WILLIAM L.
STREET ADDRESS	201 SO LINCOLN AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	George H. Pennington, Jr.
13 STREET ADDRESS	4304 Boy Scout Blvd.
14 CITY - ST - ZIP	Tampa, FL 33607
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(A), 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 authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this filing.

SIGNATURE: \_\_\_\_\_ Date: 2/14/95 (813) 870-1300  
George H. Pennington, Jr. (Secretary of State)