FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
[illegible] 95
TALLAHASSEE, FLORIDA

DOCUMENT # **717570** **(6)**

1 Corporation Name

LARGO HIGH BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
410 NORTH MISSOURI AVE P. O. BOX 1738 LARGO FL 34649	410 NORTH MISSOURI AVE P. O. BOX 1738 LARGO FL 34649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/18/1969**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **23-7299702** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: County 25:
2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: County 30:
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 Ch. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCMANUS, R BRUCE 79 OVERBROOK BLVD LARGO FL 33540	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 [illegible] (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SHEDD, CINDY	12 NAME	
STREET ADDRESS	1261 16TH CT., SW.	13 STREET ADDRESS	
CITY ST ZIP	LARGO FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	POWELL, SHELLY	22 NAME	
STREET ADDRESS	940 15TH AVE., S.W.	23 STREET ADDRESS	
CITY ST ZIP	LARGO FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	DULMES, JODY	32 NAME	
STREET ADDRESS	1418 BELLEAIR RD.	33 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	MILLER, DAVID	42 NAME	
STREET ADDRESS	13125 WILCOX RD., #58-1	43 STREET ADDRESS	
CITY ST ZIP	LARGO FL	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	HUFF, SANDY	52 NAME	
STREET ADDRESS	1558 S. BETTY LANE	53 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BALLENTINE, DIANE	62 NAME	
STREET ADDRESS	1874 PARADISE LANE	63 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jody L Dulmes - Treasurer 4/25/95 813-442-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jody L. Dulmes

0007364