SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 14 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **740338** **(9)**

1. Corporation Name
THE AMERICAN STAGE COMPANY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
211 3RD ST SOUTH PO BOX 1560 ST PETERSBURG FL 33731	211 3RD ST SOUTH PO BOX 1560 ST PETERSBURG FL 33731

3. Date Incorporated or Qualified: **10/05/1977**
3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-1777189** ☐ 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 ☐ **FILING FEE IS $61.25**
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~BERGLUND, JOHN A~~
~~134 21ST AVENUE NORTH~~
~~ST. PETERSBURG FL 33704~~

10. Name and Address of New Registered Agent

81 Name: THOMAS E. ALTMAN
82 Street Address (P.O. Box Number is Not Acceptable): 211 3RD ST. S.
83: ST. PETERSBURG,
84 City: FL 85 Zip Code: 33701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	11 TITLE	M	☒ Change ☐ Addition
NAME	~~BERGLUND, JOHN~~	12 NAME	THOMAS E. ALTMAN	
STREET ADDRESS	~~211 THIRD STREET S~~	13 STREET ADDRESS	211 3RD ST. S.	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	14 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	HOUGH, SUSAN	22 NAME		
STREET ADDRESS	1200 43 AVE N	23 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MAY, ALFRED	32 NAME		
STREET ADDRESS	PO BOX 66569 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	WELDON, JACK	42 NAME		
STREET ADDRESS	1519 9TH ST N	43 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	NORMILE, MARTIN	52 NAME		
STREET ADDRESS	ONE PROGRESS PLZ S600	53 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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: Thomas E. Altman — THOMAS E. ALTMAN — 6/22/95 — (813)823-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013730