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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740338**

1. Corporation Name

THE AMERICAN STAGE COMPANY, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/05/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1777189 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~KIELBASA, JODY~~
211 3RD ST S
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Lee Manwaring Lowry
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

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: Lee Manwaring Lowry Lee Manwaring Lowry 2/16/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, KENNETH		1.2 NAME		
STREET ADDRESS	211 3RD ST S		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33701		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	~~LOWORY~~, LEE M		2.2 NAME	Lee M. Lowry	
STREET ADDRESS	211 3RD ST SO		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33701		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAY, ALFRED		3.2 NAME		
STREET ADDRESS	4983 BACOPA LANE SO		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33715		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HOUGH, SUSAN		4. 2 NAME		
STREET ADDRESS	~~1200 43RD AVE N~~		4.3 STREET ADDRESS	400 Coffee Pot Riviera NE	
CITY-ST-ZIP	ST PETERSBURG FL ~~33703~~		4.4 CITY-ST-ZIP	33704	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EVERETT, LISA		5.2 NAME		
STREET ADDRESS	600 21ST AVE NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33704		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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: Lee Manwaring Lowry Lee Manwaring Lowry 2/16/99 (727)823-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #